

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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/24/2023 10:28 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/24/2023	Time: 10:28 am
	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 KINGS DAUGHTERS HOSPITAL (15-0069) 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	John Price	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	John Price		2
3	Signatory Title	CFO		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	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	-134,190	-42,321	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
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
200.00	TOTAL	0	-134,190	-42,321	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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1373 EAST SR 62	PO Box:	Zip Code: 47250-	1.00
2.00	City: MADISON	State: IN	County: JEFFERSON	2.00

	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	KINGS DAUGHTERS HOSPITAL	150069	99915	1	06/17/1966	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	KINGS DAUGHTERS HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	KINGS DAUGHTERS	151535	99915		09/01/1995				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)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N	22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								22.04
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am		
		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.	342	984	181	42	746	72	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	S	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.					2		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.					2		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.					1		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.					01/01/2022	12/31/2022	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)					Y	Y	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	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am			
		V	XVIII	XIX			
		1.00	2.00	3.00			
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		
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			
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0069

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		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		
		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
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
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
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		N		0 88.00
		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y 91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am	
		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. 1, 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. 1V, 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. 1, 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. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.	N			113.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,129,327	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.		Y	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.00	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.				123.00
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	189928	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: NORTON HEALTHCARE INC	Contractor's Name: CGS		Contractor's Number: 15101	141.00
142.00	Street: 234 E GRAY ST SUITE 225	PO Box:			142.00
143.00	City: LOUISVILLE	State: KY		Zip Code: 40202	143.00
		1.00	2.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/24/2023 10:28 am													
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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Part A</th> <th style="width: 25%;">Part B</th> <th style="width: 25%;">Title V</th> <th style="width: 25%;">Title XIX</th> </tr> <tr> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.00</td> <td style="text-align: center;">3.00</td> <td style="text-align: center;">4.00</td> </tr> </table>								Part A	Part B	Title V	Title XIX	1.00	2.00	3.00	4.00				
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	N	N	N	N	N	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	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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">County</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip Code</th> <th style="width: 10%;">CBSA</th> <th style="width: 15%;">FTE/Campus</th> </tr> <tr> <th style="text-align: center;">0</th> <th style="text-align: center;">1.00</th> <th style="text-align: center;">2.00</th> <th style="text-align: center;">3.00</th> <th style="text-align: center;">4.00</th> <th style="text-align: center;">5.00</th> </tr> </thead> </table>								Name	County	State	Zip Code	CBSA	FTE/Campus	0	1.00	2.00	3.00	4.00	5.00
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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Beginning</th> <th style="width: 50%;">Ending</th> </tr> <tr> <th style="text-align: center;">1.00</th> <th style="text-align: center;">2.00</th> </tr> </table>								Beginning	Ending	1.00	2.00								
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											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">1.00</th> <th style="width: 50%;">2.00</th> </tr> </table>								1.00	2.00										
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	171.00											

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/24/2023 10:28 am	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	01/01/2022	1.00			
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	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	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00			
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00			
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	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			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00			
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00			
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.	N		14.00			
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00			
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/12/2023	Y	04/12/2023	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/24/2023 10:28 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/24/2023 10:28 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR 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: 15-0069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2023 10:28 am

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Ti tle V		
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	37	13,505	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)		37	13,505	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		43	15,695	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	1	365			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		44				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: 15-0069

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

Worksheet S-3
Part I
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,897	1,181	7,032		1.00
2.00	HMO and other (see instructions)	2,150	303			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)	2,897	1,181	7,032		7.00
8.00	INTENSIVE CARE UNIT	433	302	1,310		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		509	843		13.00
14.00	Total (see instructions)	3,330	1,992	9,185	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	1,767	260	5,835	0.00	13.44
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	21	0	34	0.00	2.17
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	733.70
28.00	Observation Bed Days		454	2,818		28.00
29.00	Ambulance Trips	1,585				29.00
30.00	Employee discount days (see instruction)			223		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	72	114		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0069

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

Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	831	345	2,048	1.00
2.00	HMO and other (see instructions)			347	71		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	831	345	2,048	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0069

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

Worksheet S-3
Part II
Date/Time Prepared:
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	54,589,160	1,098,483	55,687,643	1,526,104.00	36.49 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		343,980	0	343,980	2,639.00	130.34 3.00
4.00	Physician-Part A - Administrative		39,558	0	39,558	173.00	228.66 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		3,784,091	0	3,784,091	15,875.00	238.37 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		21,216,660	85,205	21,301,865	473,182.00	45.02 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		6,776,047	0	6,776,047	48,138.00	140.76 11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,610,530	0	1,610,530	8,505.00	189.36 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		2,061,179	0	2,061,179	38,206.00	53.95 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,163,722	0	8,163,722		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,610,688	0	5,610,688		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		88,082	0	88,082		
22.00	Physician Part A - Administrative		9,866	0	9,866		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		958,970	0	958,970		
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)		432,235	0	432,235		
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: 15-0069

Period:
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To 12/31/2022

Worksheet S-3
Part II
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	394,841	-394,841	0	0.00	0.00	26.00
27.00	Administrative & General	5,707,838	1,496,624	7,204,462	238,982.00	30.15	27.00
28.00	Administrative & General under contract (see inst.)	653,554	0	653,554	3,119.00	209.54	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	582,919	0	582,919	19,237.00	30.30	30.00
31.00	Laundry & Linen Service	29,339	0	29,339	2,081.00	14.10	31.00
32.00	Housekeeping	752,986	0	752,986	49,117.00	15.33	32.00
33.00	Housekeeping under contract (see instructions)	231,819	0	231,819	11,022.00	21.03	33.00
34.00	Dietary	774,310	-520,349	253,961	14,042.00	18.09	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	520,349	520,349	28,771.00	18.09	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	535,570	0	535,570	12,871.00	41.61	38.00
39.00	Central Services and Supply	79,329	0	79,329	5,108.00	15.53	39.00
40.00	Pharmacy	885,785	0	885,785	22,747.00	38.94	40.00
41.00	Medical Records & Medical Records Library	752,888	0	752,888	30,422.00	24.75	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0069

Period:
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To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
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	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	51,346,462	1,098,483	52,444,945	1,521,731.00	34.46	1.00
2.00	Excluded area salaries (see instructions)	21,216,660	85,205	21,301,865	473,182.00	45.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,129,802	1,013,278	31,143,080	1,048,549.00	29.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,447,756	0	10,447,756	94,849.00	110.15	4.00
5.00	Subtotal wage-related costs (see inst.)	8,605,823	0	8,605,823	0.00	27.63	5.00
6.00	Total (sum of lines 3 thru 5)	49,183,381	1,013,278	50,196,659	1,143,398.00	43.90	6.00
7.00	Total overhead cost (see instructions)	11,381,178	1,101,783	12,482,961	437,519.00	28.53	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2023 10:28 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,063,961	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,064,783	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	860,425	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	145,944	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	57,733	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,633,189	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	5,294	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,831,329	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,776,047	14,831,329	1.00
2.00	Hospital	6,776,047	14,831,329	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0069 Component CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet S-4 Date/Time Prepared: 5/24/2023 10:28 am
			Home Health Agency I	PPS

		1.00					
0.00 County		JEFFERSON					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	30	0	62	92	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	158.00	0.00	328.00	486.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				5.22	0.00	5.00
6.00	Direct Nursing Service				5.51	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				2.62	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				0.66	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.02	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.00	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				0.04	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					99915	20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	767	9	12	46	834	21.00
22.00	Skilled Nursing Visit Charges	202,224	2,376	3,168	12,144	219,912	22.00
23.00	Physical Therapy Visits	650	7	12	52	721	23.00
24.00	Physical Therapy Visit Charges	153,561	1,665	2,119	12,308	169,653	24.00
25.00	Occupational Therapy Visits	169	8	0	16	193	25.00
26.00	Occupational Therapy Visit Charges	44,206	2,096	0	4,192	50,494	26.00
27.00	Speech Pathology Visits	0	0	5	0	5	27.00
28.00	Speech Pathology Visit Charges	0	0	1,076	0	1,076	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	14	0	0	0	14	31.00
32.00	Home Health Aide Visit Charges	2,145	0	0	0	2,145	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,600	24	29	114	1,767	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	402,136	6,137	6,363	28,644	443,280	35.00
36.00	Total Number of Episodes (standard/non outlier)	175		15	9	199	36.00
37.00	Total Number of Outlier Episodes		1		1	2	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2022 To 12/31/2022	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/24/2023 10:28 am
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		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0
11.00	Hospice Routine Home Care	1,961	6	87	2,054
12.00	Hospice Inpatient Respite Care	0	0	0	0
13.00	Hospice General Inpatient Care	21	0	0	21
14.00	Total Hospice Days	1,982	6	87	2,075
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0
16.00	Hospice General Inpatient Care	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/24/2023 10:28 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.289976	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		12,250,509	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		59,306,490	6.00
7.00	Medicaid cost (line 1 times line 6)		17,197,459	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)		4,946,950	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)		4,946,950	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	1,582,274	196,154	1,778,428
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	458,821	196,154	654,975
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	458,821	196,154	654,975
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,205,885	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		152,759	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		235,014	27.01
28.00	Non-Medicare bad debt expense (see instructions)		1,970,871	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		653,760	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,308,735	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,255,685	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A
Date/Time Prepared: 5/24/2023 10:28 am

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		11,252,400		11,480,064	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	3,643	3,643	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	394,841	14,645,855	-626,148	14,414,548	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,707,838	13,729,553	60,269	19,497,660	5.00
7.00	00700	OPERATION OF PLANT	582,919	3,727,655	0	4,310,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,339	303,332	332,671	332,671	8.00
9.00	00900	HOUSEKEEPING	752,986	458,749	0	1,211,735	9.00
10.00	01000	DIETARY	774,310	376,504	-773,366	377,448	10.00
11.00	01100	CAFETERIA	0	0	773,366	773,366	11.00
13.00	01300	NURSING ADMINISTRATION	535,570	745	536,315	536,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79,329	-3,484	75,845	75,845	14.00
15.00	01500	PHARMACY	885,785	10,944,337	11,830,122	1,463,268	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	752,888	218,100	970,988	970,950	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	343,980	19.00
23.00	02300	RADIOLOGY SCHOOL	155,388	6,815	162,203	164,803	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,683,305	2,120,903	7,804,208	5,958,406	30.00
31.00	03100	INTENSIVE CARE UNIT	958,419	711,383	1,669,802	1,665,157	31.00
43.00	04300	NURSERY	0	0	0	630,033	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,386,483	9,061,311	11,447,794	5,118,640	50.00
51.00	05100	RECOVERY ROOM	217,928	257,382	475,310	441,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	779,464	52.00
53.00	05300	ANESTHESIOLOGY	2,112,355	1,072,605	3,184,960	2,732,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,198,583	1,580,581	4,779,164	4,749,605	54.00
54.01	03630	ULTRA SOUND	137,543	55,408	192,951	190,707	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	82,684	127,549	210,233	138,677	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	995,387	1,564,743	2,560,130	2,469,478	55.01
57.00	05700	CT SCAN	205,930	277,981	483,911	473,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	197,939	127,207	325,146	324,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,472,247	3,821,735	5,293,982	3,367,425	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	302,672	302,672	302,672	62.00
65.00	06500	RESPIRATORY THERAPY	730,536	247,104	977,640	821,596	65.00
66.00	06600	PHYSICAL THERAPY	1,318,186	149,674	1,467,860	1,384,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	249,395	6,488	255,883	253,290	67.00
68.00	06800	SPEECH PATHOLOGY	147,676	2,071	149,747	149,128	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	188,877	54,447	243,324	232,378	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,635,015	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,007,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,355,730	73.00
76.00	03140	CARDIOLOGY	521,046	218,501	739,547	720,646	76.00
76.97	07697	CARDIAC REHABILITATION	68,264	4,935	73,199	72,370	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	74,115	917	75,032	74,777	90.00
90.01	09001	WOUND CARE CLINIC	253,114	112,178	365,292	305,642	90.01
91.00	09100	EMERGENCY	1,676,683	4,351,922	6,028,605	5,737,455	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,671,054	223,722	1,894,776	1,843,980	95.00
101.00	10100	HOME HEALTH AGENCY	1,049,290	84,648	1,133,938	1,123,113	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE	77,082	61,128	138,210	219,697	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,325,314	82,259,756	118,585,070	118,236,533	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	51,421	118,218	169,639	169,639	194.00
194.01	07951	MOB	3,058,666	297,454	3,356,120	3,356,120	194.01
194.02	07952	PHYSICIAN CLINICS	5,309,351	1,370,161	6,679,512	6,685,246	194.02
194.03	07953	PHYS PRAC BUS OFC	727,310	11,846	739,156	1,316,283	194.03
194.04	07954	MOB - MAIN CAMPUS	359,521	-7,506	352,015	352,015	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	2,633,663	164,796	2,798,459	2,655,827	194.06
194.07	07957	KDH - MC ORTHOPEDICS	2,495,829	565,516	3,061,345	3,061,345	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/24/2023 10:28 am		
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	
194.08	07958 KDH - MC GENERAL SURGERY	1,392,208	163,087	1,555,295	0	1,555,295	194.08
194.09	07959 KDH - MC ENT	627,871	29,405	657,276	-76,410	580,866	194.09
194.10	07960 KDH - MC UROLOGY	84,625	317,348	401,973	0	401,973	194.10
194.11	07961 KDH - MC OB/GYN	1,523,381	528,588	2,051,969	-15,282	2,036,687	194.11
200.00	TOTAL (SUM OF LINES 118 through 199)	54,589,160	85,818,669	140,407,829	0	140,407,829	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,402,504	12,882,568	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,643	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,242,294	13,172,254	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,567,817	23,065,477	5.00
7.00	00700	OPERATION OF PLANT	0	4,310,574	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	332,671	8.00
9.00	00900	HOUSEKEEPING	0	1,211,735	9.00
10.00	01000	DIETARY	0	377,448	10.00
11.00	01100	CAFETERIA	-267,157	506,209	11.00
13.00	01300	NURSING ADMINISTRATION	0	536,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	75,845	14.00
15.00	01500	PHARMACY	0	1,463,268	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,666	968,284	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-343,980	0	19.00
23.00	02300	RADIOLOGY SCHOOL	-43,895	120,908	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,251,330	4,707,076	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,665,157	31.00
43.00	04300	NURSERY	0	630,033	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,118,640	50.00
51.00	05100	RECOVERY ROOM	0	441,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	779,464	52.00
53.00	05300	ANESTHESIOLOGY	-2,732,854	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,274,434	2,475,171	54.00
54.01	03630	ULTRA SOUND	0	190,707	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	138,677	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	-843,331	1,626,147	55.01
57.00	05700	CT SCAN	0	473,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	324,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-184,239	3,183,186	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	302,672	62.00
65.00	06500	RESPIRATORY THERAPY	0	821,596	65.00
66.00	06600	PHYSICAL THERAPY	0	1,384,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	253,290	67.00
68.00	06800	SPEECH PATHOLOGY	0	149,128	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03610	SLEEP LAB	-384	231,994	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,635,015	71.00
71.01	07101	IV SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,007,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,355,730	73.00
76.00	03140	CARDIOLOGY	0	720,646	76.00
76.97	07697	CARDIAC REHABILITATION	0	72,370	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	74,777	90.00
90.01	09001	WOUND CARE CLINIC	0	305,642	90.01
91.00	09100	EMERGENCY	-687,370	5,050,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-100,551	1,743,429	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,123,113	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	219,697	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,004,164	113,232,369	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	169,639	194.00
194.01	07951	MOB	0	3,356,120	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,685,246	194.02
194.03	07953	PHYS PRAC BUS OFC	0	1,316,283	194.03
194.04	07954	MOB - MAIN CAMPUS	0	352,015	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	2,655,827	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	3,061,345	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,555,295	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet A Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.09 07959	KDH - MC ENT	0	580,866	194.09
194.10 07960	KDH - MC UROLOGY	0	401,973	194.10
194.11 07961	KDH - MC OB/GYN	0	2,036,687	194.11
200.00	TOTAL (SUM OF LINES 118 through 199)	-5,004,164	135,403,665	200.00

RECLASSIFICATIONS

Provider CCN: 15-0069

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

Worksheet A-6

Date/Time Prepared:
5/24/2023 10:28 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	520,349	253,017	1.00
	O		520,349	253,017	
B - MEDICAL IMAGING TIME					
1.00	RADIOLOGY SCHOOL	23.00	1,921	0	1.00
2.00	PHYSICIAN CLINICS	194.02	15,922	0	2.00
	O		17,843	0	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	3,643	1.00
	O		0	3,643	
D - NURSERY- L&D					
1.00	NURSERY	43.00	514,674	115,359	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	636,744	142,720	2.00
	O		1,151,418	258,079	
E - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	343,980	0	1.00
	O		343,980	0	
F - EMPLOYEE BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	244,512	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		244,512	0	
G - PHYSICIAN BILLING AND COLLECTIONS					
1.00	PHYS PRAC BUS OFC	194.03	0	577,127	1.00
	O		0	577,127	
I - MED/SURG SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,635,015	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	22,162	2.00
3.00	RADIOLOGY SCHOOL	23.00	0	679	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
	O		0	3,657,856	
J - IV SOLUTIONS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	64,716	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
	O		0	64,716	
K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,007,721	1.00
	O		0	4,007,721	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,291,014	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	
			0	12,291,014		
M - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	231,307	1.00	
			0	231,307		
N - HOME HEALTH DIRECTOR						
1.00	HOME HEALTH AGENCY	101.00	70,662	0	1.00	
			70,662	0		
O - HOSPICE						
1.00	HOSPICE	116.00	81,487	0	1.00	
			81,487	0		
P - VACATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	394,841	0	1.00	
			394,841	0		
Q - NORTON INTERCOMPANY SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	857,271	0	1.00	
2.00	MOB	194.01	17,445	0	2.00	
3.00	PHYSICIAN CLINICS	194.02	0	20,745	3.00	
	TOTALS		874,716	20,745		
500.00	Grand Total: Increases		3,699,808	21,365,225	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0069

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

Worksheet A-6
Date/Time Prepared:
5/24/2023 10:28 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	520,349	253,017	0		1.00
	O		520,349	253,017			
B - MEDICAL IMAGING TIME							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	17,843	0	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		17,843	0			
C - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,643	9		1.00
	O		0	3,643			
D - NURSERY- L&D							
1.00	ADULTS & PEDIATRICS	30.00	1,151,418	258,079	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		1,151,418	258,079			
E - CRNA EXPENSE							
1.00	ANESTHESIOLOGY	53.00	343,980	0	0		1.00
	O		343,980	0			
F - EMPLOYEE BENEFITS							
1.00	PHYSICIAN CLINICS	194.02	0	10,188	0		1.00
2.00	KDH - MC FAMILY PRACTICE	194.06	0	142,632	0		2.00
3.00	KDH - MC ENT	194.09	0	76,410	0		3.00
4.00	KDH - MC OB/GYN	194.11	0	15,282	0		4.00
	O		0	244,512			
G - PHYSICIAN BILLING AND COLLECTIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	577,127	0		1.00
	O		0	577,127			
I - MED/SURG SUPPLIES							
1.00	PHARMACY	15.00	0	36,408	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	38	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	419,464	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,585	0		4.00
5.00	OPERATING ROOM	50.00	0	2,296,906	0		5.00
6.00	RECOVERY ROOM	51.00	0	32,625	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	83,147	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,178	0		8.00
9.00	ULTRA SOUND	54.01	0	2,093	0		9.00
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	71,252	0		10.00
11.00	ONCOLOGY	55.01	0	88,099	0		11.00
12.00	CT SCAN	57.00	0	10,380	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	975	0		13.00
14.00	LABORATORY	60.00	0	114,783	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	80,568	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	7,900	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	2,593	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	619	0		18.00
19.00	SLEEP LAB	69.01	0	10,946	0		19.00
20.00	CARDIOLOGY	76.00	0	18,901	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	829	0		21.00
22.00	CLINIC	90.00	0	255	0		22.00
23.00	WOUND CARE CLINIC	90.01	0	53,774	0		23.00
24.00	EMERGENCY	91.00	0	275,782	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	39,756	0		25.00
	O		0	3,657,856			
J - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	3,060	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,841	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	60	0		3.00
4.00	OPERATING ROOM	50.00	0	24,527	0		4.00
5.00	RECOVERY ROOM	51.00	0	788	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	249	0		6.00
7.00	ONCOLOGY	55.01	0	2,553	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	465	0		8.00
9.00	WOUND CARE CLINIC	90.01	0	4	0		9.00
10.00	EMERGENCY	91.00	0	15,368	0		10.00
11.00	AMBULANCE SERVICES	95.00	0	801	0		11.00
	O		0	64,716			
K - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	4,007,721	0		1.00
	O		0	4,007,721			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,119	0	1.00
2.00	PHARMACY	15.00	0	10,327,386	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	24,979	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,289	0	4.00
5.00	ULTRASOUND	54.01	0	151	0	5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	304	0	6.00
7.00	LABORATORY	60.00	0	1,811,774	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	75,011	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	4,890	0	9.00
10.00	WOUND CARE CLINIC	90.01	0	5,872	0	10.00
11.00	AMBULANCE SERVICES	95.00	0	10,239	0	11.00
			0	12,291,014		
M - INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	231,307	12	1.00
			0	231,307		
N - HOME HEALTH DIRECTOR						
1.00	PHYSICAL THERAPY	66.00	70,662	0	0	1.00
			70,662	0		
O - HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	81,487	0	0	1.00
			81,487	0		
P - VACATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	394,841	0	0	1.00
			394,841	0		
Q - NORTON INTERCOMPANY SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	857,271	0	1.00
2.00	MOB	194.01	0	17,445	0	2.00
3.00	PHYSICIAN CLINICS	194.02	20,745	0	0	3.00
	TOTALS		20,745	874,716		
500.00	Grand Total: Decreases		2,601,325	22,463,708		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2023 10:28 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,782,692	1,572,689	0	1,572,689	45,600	1.00
2.00	Land Improvements	499,557	0	0	0	499,557	2.00
3.00	Buildings and Fixtures	119,412,547	0	0	0	34,978,936	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	64,621,268	0	0	0	54,013,454	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	188,316,064	1,572,689	0	1,572,689	89,537,547	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	188,316,064	1,572,689	0	1,572,689	89,537,547	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,309,781	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	84,433,611	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	10,607,814	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	100,351,206	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	100,351,206	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2023 10:28 am

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	NEW CAP REL COSTS-BLDG & FIXT	9,022,326	17,669	2,210,863	0	1,542	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,022,326	17,669	2,210,863	0	1,542	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	NEW CAP REL COSTS-BLDG & FIXT	0	11,252,400				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,252,400				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2023 10:28 am

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	NEW CAP REL COSTS-BLDG & FIXT	89,743,392	0	89,743,392	0.894293	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,607,814	0	10,607,814	0.105707	0	2.00
3.00	Total (sum of lines 1-2)	100,351,206	0	100,351,206	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,018,683	-8,611	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	3,643	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,022,326	-8,611	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	NEW CAP REL COSTS-BLDG & FIXT	2,150,760	231,307	1,542	1,488,887	12,882,568	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	3,643	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,150,760	231,307	1,542	1,488,887	12,886,211	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-60,103	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00 Investment income - other (chapter 2)		0		0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-26,280	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-1,722	ADMINISTRATIVE & GENERAL	5.00		7.00
8.00 Television and radio service (chapter 21)	A	-21,661	ADMINISTRATIVE & GENERAL	5.00		8.00
9.00 Parking lot (chapter 21)		0		0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-7,363,461				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	9,969,268				12.00
13.00 Laundry and linen service		0		0.00		13.00
14.00 Cafeteria-employees and guests	B	-267,157	CAFETERIA	11.00		14.00
15.00 Rental of quarters to employees and others		0		0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00 Sale of drugs to other than patients		0		0.00		17.00
18.00 Sale of medical records and abstracts	B	-2,666	MEDICAL RECORDS & LIBRARY	16.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00 Vending machines		0		0.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00		26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00 Non-physician Anesthetist	A	-343,980	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant	A	-484,849	ADULTS & PEDIATRICS	30.00		29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0069

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

Worksheet A-8

Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
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 RADIOLOGY TUITION	B	-43,895		RADIOLOGY SCHOOL	23.00	0 33.00
33.01 AMBULANCE REVENUE	B	-100,380		AMBULANCE SERVICES	95.00	0 33.01
33.02 ADVERTISING	A	-133,069		ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 SELF-INSURANCE	A	-1,058,792		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 HOSPITAL ASSOCIATION FEES	A	-11,625		ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05 HAF MEDICAID	A	-4,778,855		ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 PHYSICIAN RECRUITMENT	A	-551,882		ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 PHYSICIAN LAB SALARY OFFSET	A	-134,944		LABORATORY	60.00	0 33.07
33.08 PHYSICIAN LAB BENEFIT OFFSET	A	-25,693		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.08
33.09 CRNA BENEFIT OFFSET	A	-65,494		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.09
33.10 PA BENEFIT OFFSET	A	-92,315		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11 DONATIONS	A	-28,462		ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12 MISC REVENUE MGMT FEES	B	623,853		ADMINISTRATIVE & GENERAL	5.00	0 33.12
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,004,164				50.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0069

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2023 10:28 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL RELATED COSTS - BLDG	323,689
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL RELATED COSTS - MME	1,165,198
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE AND GENERAL	8,480,381
4.00	0.00			0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,969,268

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8-1 Date/Time Prepared: 5/24/2023 10:28 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	323,689	14		1.00
2.00	1,165,198	14		2.00
3.00	8,480,381	0		3.00
4.00	0	0		4.00
5.00	9,969,268			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0069

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2023 10:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	11,378	0	11,378	211,500	22	1.00
2.00	30.00	ADULTS & PEDIATRICS	766,481	766,481	0	211,500	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,735,847	2,713,230	22,617	239,400	26	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,274,434	2,274,434	0	271,900	0	4.00
5.00	55.01	ONCOLOGY	847,805	841,555	6,250	211,500	44	5.00
6.00	60.00	LABORATORY	150,036	0	150,036	260,300	805	6.00
7.00	69.01	SLEEP LAB	13,094	0	13,094	211,500	125	7.00
8.00	91.00	EMERGENCY	1,465,853	11,609	1,454,244	211,500	7,656	8.00
9.00	95.00	AMBULANCE SERVICES	476	0	476	211,500	3	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,265,404	6,607,309	1,658,095		8,681	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,237	112	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,993	150	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.01	ONCOLOGY	4,474	224	0	0	0	5.00
6.00	60.00	LABORATORY	100,741	5,037	0	0	0	6.00
7.00	69.01	SLEEP LAB	12,710	636	0	0	0	7.00
8.00	91.00	EMERGENCY	778,483	38,924	0	0	0	8.00
9.00	95.00	AMBULANCE SERVICES	305	15	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			901,943	45,098	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	5.00	ADMINISTRATIVE & GENERAL	0	2,237	9,141	9,141		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	766,481		2.00
3.00	53.00	ANESTHESIOLOGY	0	2,993	19,624	2,732,854		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,274,434		4.00
5.00	55.01	ONCOLOGY	0	4,474	1,776	843,331		5.00
6.00	60.00	LABORATORY	0	100,741	49,295	49,295		6.00
7.00	69.01	SLEEP LAB	0	12,710	384	384		7.00
8.00	91.00	EMERGENCY	0	778,483	675,761	687,370		8.00
9.00	95.00	AMBULANCE SERVICES	0	305	171	171		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	901,943	756,152	7,363,461		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		2.00
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	12,882,568	12,882,568			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	3,643	0	3,643		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0			0	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,172,254	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,065,477	1,522,468	0	0	5.00
7.00 00700	OPERATION OF PLANT	4,310,574	1,423,502	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	332,671	66,349	0	0	8.00
9.00 00900	HOUSEKEEPING	1,211,735	116,302	0	0	9.00
10.00 01000	DIETARY	377,448	219,062	0	0	10.00
11.00 01100	CAFETERIA	506,209	88,593	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	536,315	70,944	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	75,845	107,773	0	0	14.00
15.00 01500	PHARMACY	1,463,268	80,099	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	968,284	10,165	0	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	120,908	23,010	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,707,076	1,332,821	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	1,665,157	58,273	0	0	31.00
43.00 04300	NURSERY	630,033	68,054	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,118,640	641,765	0	0	50.00
51.00 05100	RECOVERY ROOM	441,897	47,864	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	779,464	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	4,525	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,475,171	377,380	0	0	54.00
54.01 03630	ULTRA SOUND	190,707	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	138,677	16,813	0	0	54.02
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01 03480	ONCOLOGY	1,626,147	426,323	0	0	55.01
57.00 05700	CT SCAN	473,531	31,155	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	324,171	37,595	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,183,186	217,182	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	302,672	9,712	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	821,596	41,668	0	0	65.00
66.00 06600	PHYSICAL THERAPY	1,384,408	431,684	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	253,290	49,431	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	149,128	11,696	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03610	SLEEP LAB	231,994	29,206	0	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,635,015	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,007,721	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,355,730	0	0	0	73.00
76.00 03140	CARDIOLOGY	720,646	210,499	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	72,370	24,472	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	74,777	26,456	0	0	90.00
90.01 09001	WOUND CARE CLINIC	305,642	56,532	0	0	90.01
91.00 09100	EMERGENCY	5,050,085	483,134	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,743,429	164,723	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	1,123,113	0	2,867	0	101.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	219,697	0	776	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	113,232,369	8,527,230	3,643	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	26,177	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	169,639	0	0	0	194.00
194.01 07951	MOB	3,356,120	1,832,245	0	0	194.01
194.02 07952	PHYSICIAN CLINICS	6,685,246	960,559	0	0	194.02
194.03 07953	PHYS PRAC BUS OFC	1,316,283	34,427	0	0	194.03
194.04 07954	MOB - MAIN CAMPUS	352,015	0	0	0	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.06 07956 KDH - MC FAMILY PRACTICE	2,655,827	1,501,930	0	0	638,539	194.06
194.07 07957 KDH - MC ORTHOPEDICS	3,061,345	0	0	0	605,121	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1,555,295	0	0	0	337,545	194.08
194.09 07959 KDH - MC ENT	580,866	0	0	0	152,229	194.09
194.10 07960 KDH - MC UROLOGY	401,973	0	0	0	20,518	194.10
194.11 07961 KDH - MC OB/GYN	2,036,687	0	0	0	369,348	194.11
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)	135,403,665	12,882,568	3,643	0	13,172,254	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am				
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4A	5.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	26,238,976	26,238,976		5.00		
7.00	00700	OPERATION OF PLANT	5,875,406	1,412,218	7,287,624	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	406,133	97,619	48,073	551,825	8.00	
9.00	00900	HOUSEKEEPING	1,510,601	363,090	84,266	0	1,957,957	9.00
10.00	01000	DIETARY	658,084	158,178	158,721	0	7,636	10.00
11.00	01100	CAFETERIA	720,962	173,291	64,190	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	737,110	177,172	51,402	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	202,852	48,758	78,087	0	17,817	14.00
15.00	01500	PHARMACY	1,758,128	422,585	58,035	0	23,544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,160,989	279,056	7,365	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	182,058	43,760	16,672	0	14,635	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,021,114	1,687,602	965,694	195,520	643,957	30.00
31.00	03100	INTENSIVE CARE UNIT	1,955,802	470,099	42,221	0	99,266	31.00
43.00	04300	NURSERY	822,871	197,786	49,309	11,085	3,818	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,339,015	1,523,652	464,990	86,310	177,533	50.00
51.00	05100	RECOVERY ROOM	542,598	130,419	34,680	13,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	933,844	224,460	0	13,714	21,635	52.00
53.00	05300	ANESTHESIOLOGY	433,273	104,142	3,279	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,623,731	871,004	273,430	36,339	20,999	54.00
54.01	03630	ULTRA SOUND	224,055	53,854	0	3,952	10,817	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	175,537	42,192	12,182	1,530	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	2,293,805	551,341	308,892	18,490	91,630	55.01
57.00	05700	CT SCAN	554,614	133,308	22,574	20,023	45,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	409,757	98,490	27,240	3,991	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,724,601	895,249	157,359	0	28,634	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	312,384	75,085	7,037	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,040,385	250,068	30,191	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,118,558	509,219	312,776	15,983	35,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	363,188	87,296	35,815	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	196,628	47,262	8,475	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	306,994	73,789	21,161	1,299	1,273	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,635,015	873,716	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,007,721	963,300	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,355,730	2,969,876	0	0	0	73.00
76.00	03140	CARDIOLOGY	1,057,474	254,176	152,516	25,053	33,725	76.00
76.97	07697	CARDIAC REHABILITATION	113,393	27,255	17,731	0	17,817	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	119,202	28,652	19,169	0	7,000	90.00
90.01	09001	WOUND CARE CLINIC	423,542	101,803	40,960	1,064	26,725	90.01
91.00	09100	EMERGENCY	5,939,736	1,427,681	350,054	86,465	237,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,313,304	556,028	119,350	8,338	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,377,759	331,160	69,310	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
116.00	11600	HOSPICE	258,919	62,234	18,765	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,445,848	18,797,925	4,131,971	542,939	1,567,257	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP, & CANTEEN	26,177	6,292	18,967	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	182,106	43,771	0	0	0	194.00
194.01	07951	MOB	5,934,177	1,426,345	1,327,549	1,232	0	194.01
194.02	07952	PHYSICIAN CLINICS	8,931,904	2,146,881	695,971	2,508	129,173	194.02
194.03	07953	PHYS PRAC BUS OFC	1,527,048	367,043	24,944	0	0	194.03
194.04	07954	MOB - MAIN CAMPUS	439,182	105,562	0	0	26,725	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	4,796,296	1,152,843	1,088,222	58	73,813	194.06
194.07	07957	KDH - MC ORTHOPEDICS	3,666,466	881,275	0	785	43,906	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,892,840	454,965	0	1,243	36,907	194.08
194.09	07959	KDH - MC ENT	733,095	176,207	0	0	20,362	194.09
194.10	07960	KDH - MC UROLOGY	422,491	101,550	0	0	24,816	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
194.11	07961	KDH - MC OB/GYN	2,406,035	578,317	0	3,060	34,998	194.11
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)	135,403,665	26,238,976	7,287,624	551,825	1,957,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.00	11.00	13.00	14.00	15.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY	982,619			10.00
11.00	01100	CAFETERIA	0	958,443		11.00
13.00	01300	NURSING ADMINISTRATION	0	16,057	981,741	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,372	0	14.00
15.00	01500	PHARMACY	0	28,377	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,952	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	5,796	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	921,067	175,448	405,386	6,601
31.00	03100	INTENSIVE CARE UNIT	61,552	31,728	73,309	25
43.00	04300	NURSERY	0	18,674	43,147	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	96,704	223,441	31,667
51.00	05100	RECOVERY ROOM	0	7,384	17,061	139
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,102	53,380	0
53.00	05300	ANESTHESIOLOGY	0	11,064	0	840
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	74,422	0	1,490
54.01	03630	ULTRA SOUND	0	4,147	0	927
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,431	0	121
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0
55.01	03480	ONCOLOGY	0	35,252	0	845
57.00	05700	CT SCAN	0	9,163	0	4,214
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,312	0	478
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	78,998	0	1,861
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	30,261	0	200
66.00	06600	PHYSICAL THERAPY	0	48,201	0	280
67.00	06700	OCCUPATIONAL THERAPY	0	7,524	0	2
68.00	06800	SPEECH PATHOLOGY	0	4,523	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
69.01	03610	SLEEP LAB	0	6,783	0	21
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	134,728
71.01	07101	IV SOLUTIONS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	148,543
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,268
76.00	03140	CARDIOLOGY	0	21,579	0	296
76.97	07697	CARDIAC REHABILITATION	0	4,273	0	21
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,561	0	3
90.01	09001	WOUND CARE CLINIC	0	9,682	0	178
91.00	09100	EMERGENCY	0	71,851	166,017	2,277
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	81,822	0	299
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,000
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	0	0	0	1,546
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	982,619	958,443	981,741	344,977
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0
194.01	07951	MOB	0	0	0	763
194.02	07952	PHYSICIAN CLINICS	0	0	0	3,013
194.03	07953	PHYS PRAC BUS OFC	0	0	0	395
194.04	07954	MOB - MAIN CAMPUS	0	0	0	199
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	842
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	1,239
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	935
194.09	07959	KDH - MC ENT	0	0	0	245

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.10	07960 KDH - MC UROLOGY	0	0	0	365	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	0	913	0	194.11
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)	982,619	958,443	981,741	353,886	2,291,510	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,485,602				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0	262,947			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,337	0	0	12,059,726	30.00
31.00	03100	INTENSIVE CARE UNIT	13,311	0	0	2,747,313	31.00
43.00	04300	NURSERY	5,341	0	0	1,152,031	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	144,283	0	0	9,087,595	50.00
51.00	05100	RECOVERY ROOM	25,789	0	0	771,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,463	0	0	1,276,598	52.00
53.00	05300	ANESTHESIOLOGY	31,636	0	0	584,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,774	0	262,947	5,191,136	54.00
54.01	03630	ULTRA SOUND	7,570	0	0	305,322	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	13,514	0	0	247,507	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	31,896	0	0	3,332,151	55.01
57.00	05700	CT SCAN	73,337	0	0	863,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,890	0	0	563,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	163,684	0	0	5,050,386	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,189	0	0	405,695	62.00
65.00	06500	RESPIRATORY THERAPY	29,249	0	0	1,380,354	65.00
66.00	06600	PHYSICAL THERAPY	35,922	0	0	3,076,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,330	0	0	500,155	67.00
68.00	06800	SPEECH PATHOLOGY	3,334	0	0	260,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	6,361	0	0	417,681	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	60,643	0	0	4,704,102	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	83,070	0	0	5,202,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	460,835	0	0	18,083,219	73.00
76.00	03140	CARDIOLOGY	47,869	0	0	1,592,688	76.00
76.97	07697	CARDIAC REHABILITATION	2,972	0	0	183,462	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	189	0	0	176,776	90.00
90.01	09001	WOUND CARE CLINIC	7,120	0	0	611,074	90.01
91.00	09100	EMERGENCY	106,435	0	0	8,387,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	26,259	0	0	3,105,400	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,779,229	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	341,464	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,485,602	0	262,947	93,440,649	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	51,436	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	225,877	194.00
194.01	07951	MOB	0	0	0	8,690,066	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	11,909,450	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	1,919,430	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	571,668	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	7,112,074	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	4,593,671	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

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Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	2,386,890	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	929,909	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	549,222	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	0	3,023,323	0	194.11
200.00		Cross Foot Adjustments		0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,485,602	0	262,947	135,403,665	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	12,059,726	30.00
31.00	03100 INTENSIVE CARE UNIT	2,747,313	31.00
43.00	04300 NURSERY	1,152,031	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	9,087,595	50.00
51.00	05100 RECOVERY ROOM	771,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,276,598	52.00
53.00	05300 ANESTHESIOLOGY	584,234	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,191,136	54.00
54.01	03630 ULTRA SOUND	305,322	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	247,507	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	3,332,151	55.01
57.00	05700 CT SCAN	863,048	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	563,158	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	5,050,386	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	405,695	62.00
65.00	06500 RESPIRATORY THERAPY	1,380,354	65.00
66.00	06600 PHYSICAL THERAPY	3,076,573	66.00
67.00	06700 OCCUPATIONAL THERAPY	500,155	67.00
68.00	06800 SPEECH PATHOLOGY	260,222	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	417,681	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,704,102	71.00
71.01	07101 IV SOLUTIONS	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,202,634	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,083,219	73.00
76.00	03140 RADIOLOGY	1,592,688	76.00
76.97	07697 CARDIAC REHABILITATION	183,462	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	176,776	90.00
90.01	09001 WOUND CARE CLINIC	611,074	90.01
91.00	09100 EMERGENCY	8,387,863	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	3,105,400	95.00
101.00	10100 HOME HEALTH AGENCY	1,779,229	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	341,464	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	93,440,649	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	51,436	190.00
194.00	07950 OTHER NON-REIMBURSABLE	225,877	194.00
194.01	07951 MOB	8,690,066	194.01
194.02	07952 PHYSICIAN CLINICS	11,909,450	194.02
194.03	07953 PHYS PRAC BUS OFC	1,919,430	194.03
194.04	07954 MOB - MAIN CAMPUS	571,668	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	7,112,074	194.06
194.07	07957 KDH - MC ORTHOPEDICS	4,593,671	194.07
194.08	07958 KDH - MC GENERAL SURGERY	2,386,890	194.08
194.09	07959 KDH - MC ENT	929,909	194.09
194.10	07960 KDH - MC UROLOGY	549,222	194.10
194.11	07961 KDH - MC OB/GYN	3,023,323	194.11

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		Total		
		26.00		
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	135,403,665		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,488,887	1,522,468	0	0	3,011,355
7.00 00700	OPERATION OF PLANT	0	1,423,502	0	0	1,423,502
8.00 00800	LAUNDRY & LINEN SERVICE	0	66,349	0	0	66,349
9.00 00900	HOUSEKEEPING	0	116,302	0	0	116,302
10.00 01000	DIETARY	0	219,062	0	0	219,062
11.00 01100	CAFETERIA	0	88,593	0	0	88,593
13.00 01300	NURSING ADMINISTRATION	0	70,944	0	0	70,944
14.00 01400	CENTRAL SERVICES & SUPPLY	0	107,773	0	0	107,773
15.00 01500	PHARMACY	0	80,099	0	0	80,099
16.00 01600	MEDICAL RECORDS & LIBRARY	0	10,165	0	0	10,165
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	RADIOLOGY SCHOOL	0	23,010	0	0	23,010
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,332,821	0	0	1,332,821
31.00 03100	INTENSIVE CARE UNIT	0	58,273	0	0	58,273
43.00 04300	NURSERY	0	68,054	0	0	68,054
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	641,765	0	0	641,765
51.00 05100	RECOVERY ROOM	0	47,864	0	0	47,864
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	4,525	0	0	4,525
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	377,380	0	0	377,380
54.01 03630	ULTRA SOUND	0	0	0	0	0
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,813	0	0	16,813
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01 03480	ONCOLOGY	0	426,323	0	0	426,323
57.00 05700	CT SCAN	0	31,155	0	0	31,155
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	37,595	0	0	37,595
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	217,182	0	0	217,182
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,712	0	0	9,712
65.00 06500	RESPIRATORY THERAPY	0	41,668	0	0	41,668
66.00 06600	PHYSICAL THERAPY	0	431,684	0	0	431,684
67.00 06700	OCCUPATIONAL THERAPY	0	49,431	0	0	49,431
68.00 06800	SPEECH PATHOLOGY	0	11,696	0	0	11,696
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01 03610	SLEEP LAB	0	29,206	0	0	29,206
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.01 07101	IV SOLUTIONS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03140	CARDIOLOGY	0	210,499	0	0	210,499
76.97 07697	CARDIAC REHABILITATION	0	24,472	0	0	24,472
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	26,456	0	0	26,456
90.01 09001	WOUND CARE CLINIC	0	56,532	0	0	56,532
91.00 09100	EMERGENCY	0	483,134	0	0	483,134
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	164,723	0	0	164,723
101.00 10100	HOME HEALTH AGENCY	0	0	2,867	0	2,867
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	776	0	776
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	1,488,887	8,527,230	3,643	0	10,019,760
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	26,177	0	0	26,177
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01 07951	MOB	0	1,832,245	0	0	1,832,245
194.02 07952	PHYSICIAN CLINICS	0	960,559	0	0	960,559
194.03 07953	PHYS PRAC BUS OFC	0	34,427	0	0	34,427
194.04 07954	MOB - MAIN CAMPUS	0	0	0	0	0
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06 07956	KDH - MC FAMILY PRACTICE	0	1,501,930	0	0	1,501,930

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	0	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	1,488,887	12,882,568	3,643	0	14,375,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			4.00	5.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,011,355			5.00
7.00	00700	OPERATION OF PLANT	0	162,073	1,585,575		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,203	10,459	88,011	8.00
9.00	00900	HOUSEKEEPING	0	41,670	18,334	0	176,306
10.00	01000	DIETARY	0	18,153	34,533	0	688
11.00	01100	CAFETERIA	0	19,888	13,966	0	0
13.00	01300	NURSING ADMINISTRATION	0	20,333	11,184	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,596	16,989	0	1,604
15.00	01500	PHARMACY	0	48,498	12,627	0	2,120
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,026	1,602	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	0	5,022	3,627	0	1,318
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	193,677	210,107	31,185	57,985
31.00	03100	INTENSIVE CARE UNIT	0	53,951	9,186	0	8,938
43.00	04300	NURSERY	0	22,699	10,728	1,768	344
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	174,862	101,168	13,766	15,986
51.00	05100	RECOVERY ROOM	0	14,968	7,545	2,198	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,760	0	2,187	1,948
53.00	05300	ANESTHESIOLOGY	0	11,952	713	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,961	59,490	5,796	1,891
54.01	03630	ULTRA SOUND	0	6,181	0	630	974
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,842	2,650	244	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	0	63,275	67,206	2,949	8,251
57.00	05700	CT SCAN	0	15,299	4,911	3,193	4,125
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,303	5,927	637	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	102,743	34,237	0	2,578
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,617	1,531	0	0
65.00	06500	RESPIRATORY THERAPY	0	28,699	6,569	0	0
66.00	06600	PHYSICAL THERAPY	0	58,440	68,051	2,549	3,209
67.00	06700	OCCUPATIONAL THERAPY	0	10,019	7,792	0	0
68.00	06800	SPEECH PATHOLOGY	0	5,424	1,844	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	0	8,468	4,604	207	115
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100,272	0	0	0
71.01	07101	IV SOLUTIONS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	110,553	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	340,882	0	0	0
76.00	03140	CARDIOLOGY	0	29,170	33,183	3,996	3,037
76.97	07697	CARDIAC REHABILITATION	0	3,128	3,858	0	1,604
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,288	4,171	0	630
90.01	09001	WOUND CARE CLINIC	0	11,683	8,912	170	2,407
91.00	09100	EMERGENCY	0	163,848	76,162	13,790	21,372
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	63,812	25,967	1,330	0
101.00	10100	HOME HEALTH AGENCY	0	38,005	15,080	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	7,142	4,083	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,157,385	898,996	86,595	141,124
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	722	4,127	0	0
194.00	07950	OTHER NON-REIMBURSABLE	0	5,023	0	0	0
194.01	07951	MOB	0	163,694	288,837	196	0
194.02	07952	PHYSICIAN CLINICS	0	246,387	151,423	400	11,631
194.03	07953	PHYS PRAC BUS OFC	0	42,124	5,427	0	0
194.04	07954	MOB - MAIN CAMPUS	0	12,115	0	0	2,407
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	0	132,306	236,765	9	6,647
194.07	07957	KDH - MC ORTHOPEDICS	0	101,139	0	125	3,954
194.08	07958	KDH - MC GENERAL SURGERY	0	52,214	0	198	3,323
194.09	07959	KDH - MC ENT	0	20,222	0	0	1,834

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4.00	5.00	7.00	8.00	9.00		
194.10	07960	KDH - MC UROLOGY	0	11,654	0	0	2,235	194.10
194.11	07961	KDH - MC OB/GYN	0	66,370	0	488	3,151	194.11
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)	0	3,011,355	1,585,575	88,011	176,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.00	11.00	13.00	14.00	15.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	272,436				10.00
11.00	01100	0	122,447			11.00
13.00	01300	0	2,051	104,512		13.00
14.00	01400	0	814	0	132,776	14.00
15.00	01500	0	3,625	0	316	15.00
16.00	01600	0	4,849	0	90	16.00
19.00	01900	0	0	0	0	19.00
23.00	02300	0	740	0	10	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	255,370	22,415	43,156	2,477	30.00
31.00	03100	17,066	4,053	7,804	9	31.00
43.00	04300	0	2,386	4,593	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	12,355	23,787	11,881	50.00
51.00	05100	0	943	1,816	52	51.00
52.00	05200	0	2,951	5,683	0	52.00
53.00	05300	0	1,414	0	315	53.00
54.00	05400	0	9,508	0	559	54.00
54.01	03630	0	530	0	348	54.01
54.02	03450	0	311	0	45	54.02
55.00	05500	0	0	0	0	55.00
55.01	03480	0	4,504	0	317	55.01
57.00	05700	0	1,171	0	1,581	57.00
58.00	05800	0	806	0	179	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	10,092	0	698	60.00
62.00	06200	0	0	0	0	62.00
65.00	06500	0	3,866	0	75	65.00
66.00	06600	0	6,158	0	105	66.00
67.00	06700	0	961	0	1	67.00
68.00	06800	0	578	0	0	68.00
69.00	06900	0	0	0	0	69.00
69.01	03610	0	867	0	8	69.01
71.00	07100	0	0	0	50,549	71.00
71.01	07101	0	0	0	0	71.01
72.00	07200	0	0	0	55,733	72.00
73.00	07300	0	0	0	1,977	73.00
76.00	03140	0	2,757	0	111	76.00
76.97	07697	0	546	0	8	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	327	0	1	90.00
90.01	09001	0	1,237	0	67	90.01
91.00	09100	0	9,179	17,673	854	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	10,453	0	112	95.00
101.00	10100	0	0	0	375	101.00
102.00	10200	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	113.00
116.00	11600	0	0	0	580	116.00
118.00		272,436	122,447	104,512	129,433	147,285
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	286	194.01
194.02	07952	0	0	0	1,131	194.02
194.03	07953	0	0	0	148	194.03
194.04	07954	0	0	0	75	194.04
194.05	07955	0	0	0	0	194.05
194.06	07956	0	0	0	316	194.06
194.07	07957	0	0	0	465	194.07
194.08	07958	0	0	0	351	194.08
194.09	07959	0	0	0	92	194.09

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.10	07960 KDH - MC UROLOGY	0	0	0	137	0	194.10	
194.11	07961 KDH - MC OB/GYN	0	0	0	342	0	194.11	
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)	272,436	122,447	104,512	132,776	147,285	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,732					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
23.00	02300	RADIOLOGY SCHOOL	0		33,727			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,224			2,150,417	0	30.00
31.00	03100	INTENSIVE CARE UNIT	436			159,716	0	31.00
43.00	04300	NURSERY	175			110,747	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,730			1,000,300	0	50.00
51.00	05100	RECOVERY ROOM	845			76,231	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	212			38,741	0	52.00
53.00	05300	ANESTHESIOLOGY	1,037			19,956	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	878			555,463	0	54.00
54.01	03630	ULTRA SOUND	248			8,911	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	443			25,348	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0			0	0	55.00
55.01	03480	ONCOLOGY	1,046			573,871	0	55.01
57.00	05700	CT SCAN	2,404			63,839	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554			57,001	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0	59.00
60.00	06000	LABORATORY	5,366			372,896	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	367			20,227	0	62.00
65.00	06500	RESPIRATORY THERAPY	959			81,836	0	65.00
66.00	06600	PHYSICAL THERAPY	1,178			571,374	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	207			68,411	0	67.00
68.00	06800	SPEECH PATHOLOGY	109			19,651	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0			0	0	69.00
69.01	03610	SLEEP LAB	209			43,684	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,988			152,809	0	71.00
71.01	07101	IV SOLUTIONS	0			0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,723			169,009	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,139			505,283	0	73.00
76.00	03140	CARDIOLOGY	1,569			284,322	0	76.00
76.97	07697	CARDIAC REHABILITATION	97			33,713	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6			34,879	0	90.00
90.01	09001	WOUND CARE CLINIC	233			81,241	0	90.01
91.00	09100	EMERGENCY	3,489			789,501	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	861			267,258	0	95.00
101.00	10100	HOME HEALTH AGENCY	0			56,327	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0			0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0			12,581	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,732	0	0	8,405,543	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0			31,026	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0			5,023	0	194.00
194.01	07951	MOB	0			2,285,258	0	194.01
194.02	07952	PHYSICIAN CLINICS	0			1,371,531	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0			82,126	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0			14,597	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0			0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0			1,877,973	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0			105,683	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	19.00	23.00	24.00	25.00	
194.08	07958	KDH - MC GENERAL SURGERY	0			56,086	0	194.08
194.09	07959	KDH - MC ENT	0			22,148	0	194.09
194.10	07960	KDH - MC UROLOGY	0			14,026	0	194.10
194.11	07961	KDH - MC OB/GYN	0			70,351	0	194.11
200.00		Cross Foot Adjustments		0	33,727	33,727		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	48,732	0	33,727	14,375,098		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,150,417	30.00
31.00	03100 INTENSIVE CARE UNIT	159,716	31.00
43.00	04300 NURSERY	110,747	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,000,300	50.00
51.00	05100 RECOVERY ROOM	76,231	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,741	52.00
53.00	05300 ANESTHESIOLOGY	19,956	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	555,463	54.00
54.01	03630 ULTRA SOUND	8,911	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,348	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	573,871	55.01
57.00	05700 CT SCAN	63,839	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,001	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	372,896	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	20,227	62.00
65.00	06500 RESPIRATORY THERAPY	81,836	65.00
66.00	06600 PHYSICAL THERAPY	571,374	66.00
67.00	06700 OCCUPATIONAL THERAPY	68,411	67.00
68.00	06800 SPEECH PATHOLOGY	19,651	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	43,684	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	152,809	71.00
71.01	07101 IV SOLUTIONS	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	169,009	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	505,283	73.00
76.00	03140 RADIOLOGY	284,322	76.00
76.97	07697 CARDIAC REHABILITATION	33,713	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	34,879	90.00
90.01	09001 WOUND CARE CLINIC	81,241	90.01
91.00	09100 EMERGENCY	789,501	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	267,258	95.00
101.00	10100 HOME HEALTH AGENCY	56,327	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	12,581	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,405,543	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	31,026	190.00
194.00	07950 OTHER NON-REIMBURSABLE	5,023	194.00
194.01	07951 MOB	2,285,258	194.01
194.02	07952 PHYSICIAN CLINICS	1,371,531	194.02
194.03	07953 PHYS PRAC BUS OFC	82,126	194.03
194.04	07954 MOB - MAIN CAMPUS	14,597	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	1,877,973	194.06
194.07	07957 KDH - MC ORTHOPEDICS	105,683	194.07
194.08	07958 KDH - MC GENERAL SURGERY	56,086	194.08
194.09	07959 KDH - MC ENT	22,148	194.09
194.10	07960 KDH - MC UROLOGY	14,026	194.10
194.11	07961 KDH - MC OB/GYN	70,351	194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		Total		
		26.00		
200.00	Cross Foot Adjustments	33,727		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	14,375,098		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation		
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	1.01	2.00				4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	370,078				1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	54,329,029	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	43,736	0	0	6,809,621	5.00	
7.00	00700	OPERATION OF PLANT	40,893	0	0	582,919	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,906	0	0	29,339	8.00	
9.00	00900	HOUSEKEEPING	3,341	0	0	752,986	9.00	
10.00	01000	DIETARY	6,293	0	0	253,961	10.00	
11.00	01100	CAFETERIA	2,545	0	0	520,349	11.00	
13.00	01300	NURSING ADMINISTRATION	2,038	0	0	535,570	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,096	0	0	79,329	14.00	
15.00	01500	PHARMACY	2,301	0	0	885,785	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	292	0	0	752,888	16.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
23.00	02300	RADIOLOGY SCHOOL	661	0	0	157,309	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,288	0	0	4,047,038	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,674	0	0	958,419	31.00	
43.00	04300	NURSERY	1,955	0	0	514,674	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,436	0	0	2,386,483	50.00	
51.00	05100	RECOVERY ROOM	1,375	0	0	217,928	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	636,744	52.00	
53.00	05300	ANESTHESIOLOGY	130	0	0	1,768,375	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,841	0	0	3,180,740	54.00	
54.01	03630	ULTRA SOUND	0	0	0	137,543	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	0	82,684	54.02	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00	
55.01	03480	ONCOLOGY	12,247	0	0	995,387	55.01	
57.00	05700	CT SCAN	895	0	0	205,930	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	0	197,939	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	6,239	0	0	1,337,303	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	1,197	0	0	730,536	65.00	
66.00	06600	PHYSICAL THERAPY	12,401	0	0	1,247,524	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,420	0	0	249,395	67.00	
68.00	06800	SPEECH PATHOLOGY	336	0	0	147,676	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	03610	SLEEP LAB	839	0	0	188,877	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	6,047	0	0	521,046	76.00	
76.97	07697	CARDIAC REHABILITATION	703	0	0	68,264	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	760	0	0	74,115	90.00	
90.01	09001	WOUND CARE CLINIC	1,624	0	0	253,114	90.01	
91.00	09100	EMERGENCY	13,879	0	0	1,676,683	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,732	0	0	1,671,054	95.00	
101.00	10100	HOME HEALTH AGENCY	0	2,748	0	1,038,465	101.00	
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	744	0	158,569	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,962	3,492	0	36,052,561	-26,238,976	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	752	0	0	0	190.00	
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	51,421	194.00	
194.01	07951	MOB	52,635	0	0	3,076,111	194.01	
194.02	07952	PHYSICIAN CLINICS	27,594	0	0	5,304,528	194.02	
194.03	07953	PHYS PRAC BUS OFC	989	0	0	727,310	194.03	
194.04	07954	MOB - MAIN CAMPUS	0	0	0	359,521	194.04	
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.06 07956 KDH - MC FAMILY PRACTICE	43,146	0	0	2,633,663	0	194.06
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	2,495,829	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	1,392,208	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	627,871	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	84,625	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	1,523,381	0	194.11
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)	12,882,568	3,643	0	13,172,254		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	34.810413	1.043242	0.000000	0.242453		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				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)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	109,164,689				5.00
7.00	00700	OPERATION OF PLANT	5,875,406	288,941			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	406,133	1,906	351,607		8.00
9.00	00900	HOUSEKEEPING	1,510,601	3,341	0	3,077	9.00
10.00	01000	DIETARY	658,084	6,293	0	12	44,492
11.00	01100	CAFETERIA	720,962	2,545	0	0	0
13.00	01300	NURSING ADMINISTRATION	737,110	2,038	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	202,852	3,096	0	28	0
15.00	01500	PHARMACY	1,758,128	2,301	0	37	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,160,989	292	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	182,058	661	0	23	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,021,114	38,288	124,580	1,012	41,705
31.00	03100	INTENSIVE CARE UNIT	1,955,802	1,674	0	156	2,787
43.00	04300	NURSERY	822,871	1,955	7,063	6	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,339,015	18,436	54,994	279	0
51.00	05100	RECOVERY ROOM	542,598	1,375	8,782	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	933,844	0	8,738	34	0
53.00	05300	ANESTHESIOLOGY	433,273	130	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,623,731	10,841	23,154	33	0
54.01	03630	ULTRA SOUND	224,055	0	2,518	17	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	175,537	483	975	0	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	2,293,805	12,247	11,781	144	0
57.00	05700	CT SCAN	554,614	895	12,758	72	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	409,757	1,080	2,543	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,724,601	6,239	0	45	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	312,384	279	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,040,385	1,197	0	0	0
66.00	06600	PHYSICAL THERAPY	2,118,558	12,401	10,184	56	0
67.00	06700	OCCUPATIONAL THERAPY	363,188	1,420	0	0	0
68.00	06800	SPEECH PATHOLOGY	196,628	336	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	306,994	839	828	2	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,635,015	0	0	0	0
71.01	07101	IV SOLUTIONS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,007,721	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,355,730	0	0	0	0
76.00	03140	CARDIOLOGY	1,057,474	6,047	15,963	53	0
76.97	07697	CARDIAC REHABILITATION	113,393	703	0	28	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	119,202	760	0	11	0
90.01	09001	WOUND CARE CLINIC	423,542	1,624	678	42	0
91.00	09100	EMERGENCY	5,939,736	13,879	55,093	373	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,313,304	4,732	5,313	0	0
101.00	10100	HOME HEALTH AGENCY	1,377,759	2,748	0	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	258,919	744	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,206,872	163,825	345,945	2,463	44,492
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	26,177	752	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	182,106	0	0	0	0
194.01	07951	MOB	5,934,177	52,635	785	0	0
194.02	07952	PHYSICIAN CLINICS	8,931,904	27,594	1,598	203	0
194.03	07953	PHYS PRAC BUS OFC	1,527,048	989	0	0	0
194.04	07954	MOB - MAIN CAMPUS	439,182	0	0	42	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	4,796,296	43,146	37	116	0
194.07	07957	KDH - MC ORTHOPEDICS	3,666,466	0	500	69	0
194.08	07958	KDH - MC GENERAL SURGERY	1,892,840	0	792	58	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.09	07959 KDH - MC ENT	733,095	0	0	32	0	194.09
194.10	07960 KDH - MC UROLOGY	422,491	0	0	39	0	194.10
194.11	07961 KDH - MC OB/GYN	2,406,035	0	1,950	55	0	194.11
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)	26,238,976	7,287,624	551,825	1,957,957	982,619	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.240361	25.221841	1.569437	636.320117	22.085296	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,011,355	1,585,575	88,011	176,306	272,436	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.027585	5.487539	0.250311	57.298018	6.123258	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: 15-0069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	768,290					11.00
13.00	01300	12,871	340,594				13.00
14.00	01400	5,108	0	9,547,908			14.00
15.00	01500	22,747	0	22,695	100		15.00
16.00	01600	30,422	0	6,484	0	316,222,947	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	4,646	0	706	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	140,640	140,640	178,093	0	7,947,463	30.00
31.00	03100	25,433	25,433	672	0	2,833,230	31.00
43.00	04300	14,969	14,969	0	0	1,136,959	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	77,518	77,518	854,375	0	30,711,657	50.00
51.00	05100	5,919	5,919	3,757	0	5,489,325	51.00
52.00	05200	18,519	18,519	0	0	1,375,741	52.00
53.00	05300	8,869	0	22,655	0	6,734,009	53.00
54.00	05400	59,657	0	40,209	0	5,698,962	54.00
54.01	03630	3,324	0	25,018	0	1,611,345	54.01
54.02	03450	1,949	0	3,262	0	2,876,569	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	28,258	0	22,811	0	6,789,172	55.01
57.00	05700	7,345	0	113,688	0	15,610,285	57.00
58.00	05800	5,060	0	12,908	0	3,595,172	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	63,325	0	50,204	0	34,841,116	60.00
62.00	06200	0	0	0	0	2,381,724	62.00
65.00	06500	24,257	0	5,401	0	6,225,800	65.00
66.00	06600	38,638	0	7,565	0	7,646,189	66.00
67.00	06700	6,031	0	42	0	1,347,312	67.00
68.00	06800	3,626	0	0	0	709,619	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	5,437	0	555	0	1,353,930	69.01
71.00	07100	0	0	3,635,015	0	12,908,297	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	4,007,721	0	17,682,058	72.00
73.00	07300	0	0	142,137	100	98,094,703	73.00
76.00	03140	17,298	0	7,976	0	10,189,179	76.00
76.97	07697	3,425	0	563	0	632,630	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,053	0	86	0	40,227	90.00
90.01	09001	7,761	0	4,804	0	1,515,571	90.01
91.00	09100	57,596	57,596	61,431	0	22,655,351	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	65,589	0	8,056	0	5,589,352	95.00
101.00	10100	0	0	26,992	0	0	101.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	41,716	0	0	116.00
118.00		768,290	340,594	9,307,597	100	316,222,947	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	20,578	0	0	194.01
194.02	07952	0	0	81,298	0	0	194.02
194.03	07953	0	0	10,645	0	0	194.03
194.04	07954	0	0	5,363	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	22,708	0	0	194.06
194.07	07957	0	0	33,423	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
194.08	07958	KDH - MC GENERAL SURGERY	0	0	25,223	0	0	194.08
194.09	07959	KDH - MC ENT	0	0	6,609	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	9,837	0	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	24,627	0	0	194.11
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)	958,443	981,741	353,886	2,291,510	1,485,602	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.247502	2.882438	0.037064	22,915.100000	0.004698	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	122,447	104,512	132,776	147,285	48,732	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.159376	0.306852	0.013906	1,472.850000	0.000154	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: 15-0069

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

Worksheet B-1
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
23.00	02300	RADIOLOGY SCHOOL		23.00
			100	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03610	SLEEP LAB	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
71.01	07101	IV SOLUTIONS	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
100			100	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	194.00
194.01	07951	MOB	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
194.09	07959 KDH - MC ENT	0	0	194.09
194.10	07960 KDH - MC UROLOGY	0	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	194.11
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	262,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,629.470000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	33,727	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	337.270000	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: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,059,726		12,059,726	0	12,059,726	30.00
31.00	03100	INTENSIVE CARE UNIT	2,747,313		2,747,313	0	2,747,313	31.00
43.00	04300	NURSERY	1,152,031		1,152,031	0	1,152,031	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,087,595		9,087,595	0	9,087,595	50.00
51.00	05100	RECOVERY ROOM	771,853		771,853	0	771,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,276,598		1,276,598	0	1,276,598	52.00
53.00	05300	ANESTHESIOLOGY	584,234		584,234	19,624	603,858	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,191,136		5,191,136	0	5,191,136	54.00
54.01	03630	ULTRA SOUND	305,322		305,322	0	305,322	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	247,507		247,507	0	247,507	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
55.01	03480	ONCOLOGY	3,332,151		3,332,151	1,776	3,333,927	55.01
57.00	05700	CT SCAN	863,048		863,048	0	863,048	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	563,158		563,158	0	563,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,050,386		5,050,386	49,295	5,099,681	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	405,695		405,695	0	405,695	62.00
65.00	06500	RESPIRATORY THERAPY	1,380,354	0	1,380,354	0	1,380,354	65.00
66.00	06600	PHYSICAL THERAPY	3,076,573	0	3,076,573	0	3,076,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	500,155	0	500,155	0	500,155	67.00
68.00	06800	SPEECH PATHOLOGY	260,222	0	260,222	0	260,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03610	SLEEP LAB	417,681		417,681	384	418,065	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,704,102		4,704,102	0	4,704,102	71.00
71.01	07101	IV SOLUTIONS	0		0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,202,634		5,202,634	0	5,202,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,083,219		18,083,219	0	18,083,219	73.00
76.00	03140	CARDIOLOGY	1,592,688		1,592,688	0	1,592,688	76.00
76.97	07697	CARDIAC REHABILITATION	183,462		183,462	0	183,462	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	176,776		176,776	0	176,776	90.00
90.01	09001	WOUND CARE CLINIC	611,074		611,074	0	611,074	90.01
91.00	09100	EMERGENCY	8,387,863		8,387,863	675,761	9,063,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,450,190		3,450,190	0	3,450,190	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,105,400		3,105,400	171	3,105,571	95.00
101.00	10100	HOME HEALTH AGENCY	1,779,229		1,779,229	0	1,779,229	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	341,464		341,464		341,464	116.00
200.00		Subtotal (see instructions)	96,890,839	0	96,890,839	747,011	97,637,850	200.00
201.00		Less Observation Beds	3,450,190		3,450,190		3,450,190	201.00
202.00		Total (see instructions)	93,440,649	0	93,440,649	747,011	94,187,660	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,947,463		7,947,463		30.00
31.00	03100	INTENSIVE CARE UNIT	2,833,230		2,833,230		31.00
43.00	04300	NURSERY	1,136,959		1,136,959		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,340,287	24,371,370	30,711,657	0.295901	50.00
51.00	05100	RECOVERY ROOM	1,160,580	4,328,745	5,489,325	0.140610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,366,364	9,377	1,375,741	0.927935	52.00
53.00	05300	ANESTHESIOLOGY	2,055,513	4,678,496	6,734,009	0.086759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,452	4,804,510	5,698,962	0.910891	54.00
54.01	03630	ULTRA SOUND	129,882	1,481,463	1,611,345	0.189483	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	72,043	2,804,526	2,876,569	0.086042	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	72,393	6,716,779	6,789,172	0.490804	55.01
57.00	05700	CT SCAN	1,863,308	13,746,977	15,610,285	0.055287	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	209,929	3,385,243	3,595,172	0.156643	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,485,324	30,355,792	34,841,116	0.144955	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,087,052	1,294,672	2,381,724	0.170337	62.00
65.00	06500	RESPIRATORY THERAPY	3,943,183	2,282,617	6,225,800	0.221715	65.00
66.00	06600	PHYSICAL THERAPY	752,149	6,894,040	7,646,189	0.402367	66.00
67.00	06700	OCCUPATIONAL THERAPY	397,125	950,187	1,347,312	0.371224	67.00
68.00	06800	SPEECH PATHOLOGY	158,071	551,548	709,619	0.366707	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,353,930	1,353,930	0.308495	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,940,443	7,967,854	12,908,297	0.364425	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,829,063	11,852,995	17,682,058	0.294232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,216,118	73,878,585	98,094,703	0.184345	73.00
76.00	03140	CARDIOLOGY	1,557,284	8,631,895	10,189,179	0.156312	76.00
76.97	07697	CARDIAC REHABILITATION	545	632,085	632,630	0.289999	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	40,227	40,227	4.394461	90.00
90.01	09001	WOUND CARE CLINIC	12,905	1,502,666	1,515,571	0.403197	90.01
91.00	09100	EMERGENCY	3,296,780	19,358,571	22,655,351	0.370238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	527,609	3,442,682	3,970,291	0.869002	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,589,352	5,589,352	0.555592	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,547,183	1,547,183		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	495,051	495,051		116.00
200.00		Subtotal (see instructions)	77,286,054	244,949,418	322,235,472		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	77,286,054	244,949,418	322,235,472		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.295901		50.00
51.00	05100 RECOVERY ROOM	0.140610		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.927935		52.00
53.00	05300 ANESTHESIOLOGY	0.089673		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.910891		54.00
54.01	03630 ULTRA SOUND	0.189483		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.086042		54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.491065		55.01
57.00	05700 CT SCAN	0.055287		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156643		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.146370		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170337		62.00
65.00	06500 RESPIRATORY THERAPY	0.221715		65.00
66.00	06600 PHYSICAL THERAPY	0.402367		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.371224		67.00
68.00	06800 SPEECH PATHOLOGY	0.366707		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03610 SLEEP LAB	0.308779		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364425		71.00
71.01	07101 IV SOLUTIONS	0.000000		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.294232		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184345		73.00
76.00	03140 RADIOLOGY	0.156312		76.00
76.97	07697 CARDIAC REHABILITATION	0.289999		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	4.394461		90.00
90.01	09001 WOUND CARE CLINIC	0.403197		90.01
91.00	09100 EMERGENCY	0.400065		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.869002		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.555623		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
102.00	10200 OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		12,059,726	0	12,059,726	30.00
31.00	03100 INTENSIVE CARE UNIT		2,747,313	0	2,747,313	31.00
43.00	04300 NURSERY		1,152,031	0	1,152,031	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		9,087,595	0	9,087,595	50.00
51.00	05100 RECOVERY ROOM		771,853	0	771,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,276,598	0	1,276,598	52.00
53.00	05300 ANESTHESIOLOGY		584,234	19,624	603,858	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,191,136	0	5,191,136	54.00
54.01	03630 ULTRA SOUND		305,322	0	305,322	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		247,507	0	247,507	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		3,332,151	1,776	3,333,927	55.01
57.00	05700 CT SCAN		863,048	0	863,048	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		563,158	0	563,158	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,050,386	49,295	5,099,681	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		405,695	0	405,695	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,380,354	0	1,380,354	65.00
66.00	06600 PHYSICAL THERAPY	0	3,076,573	0	3,076,573	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	500,155	0	500,155	67.00
68.00	06800 SPEECH PATHOLOGY	0	260,222	0	260,222	68.00
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00
69.01	03610 SLEEP LAB		417,681	384	418,065	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,704,102	0	4,704,102	71.00
71.01	07101 IV SOLUTIONS		0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,202,634	0	5,202,634	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		18,083,219	0	18,083,219	73.00
76.00	03140 RADIOLOGY		1,592,688	0	1,592,688	76.00
76.97	07697 CARDIAC REHABILITATION		183,462	0	183,462	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		176,776	0	176,776	90.00
90.01	09001 WOUND CARE CLINIC		611,074	0	611,074	90.01
91.00	09100 EMERGENCY		8,387,863	675,761	9,063,624	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,450,190	0	3,450,190	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		3,105,400	171	3,105,571	95.00
101.00	10100 HOME HEALTH AGENCY		1,779,229	0	1,779,229	101.00
102.00	10200 OPIOID TREATMENT PROGRAM		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
116.00	11600 HOSPICE		341,464	0	341,464	116.00
200.00	Subtotal (see instructions)	0	96,890,839	747,011	97,637,850	200.00
201.00	Less Observation Beds		3,450,190	0	3,450,190	201.00
202.00	Total (see instructions)	0	93,440,649	747,011	94,187,660	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,947,463		7,947,463		30.00
31.00	03100	INTENSIVE CARE UNIT	2,833,230		2,833,230		31.00
43.00	04300	NURSERY	1,136,959		1,136,959		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,340,287	24,371,370	30,711,657	0.295901	50.00
51.00	05100	RECOVERY ROOM	1,160,580	4,328,745	5,489,325	0.140610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,366,364	9,377	1,375,741	0.927935	52.00
53.00	05300	ANESTHESIOLOGY	2,055,513	4,678,496	6,734,009	0.086759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,452	4,804,510	5,698,962	0.910891	54.00
54.01	03630	ULTRA SOUND	129,882	1,481,463	1,611,345	0.189483	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	72,043	2,804,526	2,876,569	0.086042	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	72,393	6,716,779	6,789,172	0.490804	55.01
57.00	05700	CT SCAN	1,863,308	13,746,977	15,610,285	0.055287	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	209,929	3,385,243	3,595,172	0.156643	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,485,324	30,355,792	34,841,116	0.144955	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,087,052	1,294,672	2,381,724	0.170337	62.00
65.00	06500	RESPIRATORY THERAPY	3,943,183	2,282,617	6,225,800	0.221715	65.00
66.00	06600	PHYSICAL THERAPY	752,149	6,894,040	7,646,189	0.402367	66.00
67.00	06700	OCCUPATIONAL THERAPY	397,125	950,187	1,347,312	0.371224	67.00
68.00	06800	SPEECH PATHOLOGY	158,071	551,548	709,619	0.366707	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,353,930	1,353,930	0.308495	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,940,443	7,967,854	12,908,297	0.364425	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,829,063	11,852,995	17,682,058	0.294232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,216,118	73,878,585	98,094,703	0.184345	73.00
76.00	03140	CARDIOLOGY	1,557,284	8,631,895	10,189,179	0.156312	76.00
76.97	07697	CARDIAC REHABILITATION	545	632,085	632,630	0.289999	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	40,227	40,227	4.394461	90.00
90.01	09001	WOUND CARE CLINIC	12,905	1,502,666	1,515,571	0.403197	90.01
91.00	09100	EMERGENCY	3,296,780	19,358,571	22,655,351	0.370238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	527,609	3,442,682	3,970,291	0.869002	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,589,352	5,589,352	0.555592	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,547,183	1,547,183		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	495,051	495,051		116.00
200.00		Subtotal (see instructions)	77,286,054	244,949,418	322,235,472		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	77,286,054	244,949,418	322,235,472		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRA SOUND	0.000000			54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
55.01	03480 ONCOLOGY	0.000000			55.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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
69.01	03610 SLEEP LAB	0.000000			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.01	07101 IV SOLUTIONS	0.000000			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03140 RADIOLOGY	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOUND CARE CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,150,417	0	2,150,417	9,850	218.32	30.00
31.00	INTENSIVE CARE UNIT	159,716		159,716	1,310	121.92	31.00
43.00	NURSERY	110,747		110,747	843	131.37	43.00
200.00	Total (lines 30 through 199)	2,420,880		2,420,880	12,003		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	2,897	632,473				
31.00	INTENSIVE CARE UNIT	433	52,791				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	3,330	685,264				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/24/2023 10:28 am
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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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,000,300	30,711,657	0.032571	2,569,586	83,694	50.00
51.00	05100 RECOVERY ROOM	76,231	5,489,325	0.013887	408,779	5,677	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,741	1,375,741	0.028160	0	0	52.00
53.00	05300 ANESTHESIOLOGY	19,956	6,734,009	0.002963	567,018	1,680	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	555,463	5,698,962	0.097467	459,019	44,739	54.00
54.01	03630 ULTRA SOUND	8,911	1,611,345	0.005530	58,791	325	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,348	2,876,569	0.008812	40,698	359	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	573,871	6,789,172	0.084527	35,021	2,960	55.01
57.00	05700 CT SCAN	63,839	15,610,285	0.004090	1,093,565	4,473	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,001	3,595,172	0.015855	135,184	2,143	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	372,896	34,841,116	0.010703	2,252,423	24,108	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	20,227	2,381,724	0.008493	451,890	3,838	62.00
65.00	06500 RESPIRATORY THERAPY	81,836	6,225,800	0.013145	1,667,124	21,914	65.00
66.00	06600 PHYSICAL THERAPY	571,374	7,646,189	0.074727	340,949	25,478	66.00
67.00	06700 OCCUPATIONAL THERAPY	68,411	1,347,312	0.050776	167,063	8,483	67.00
68.00	06800 SPEECH PATHOLOGY	19,651	709,619	0.027692	73,275	2,029	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03610 SLEEP LAB	43,684	1,353,930	0.032265	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	152,809	12,908,297	0.011838	1,705,537	20,190	71.00
71.01	07101 IV SOLUTIONS	0	0	0.000000	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	169,009	17,682,058	0.009558	2,700,174	25,808	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	505,283	98,094,703	0.005151	9,799,509	50,477	73.00
76.00	03140 RADIOLOGY	284,322	10,189,179	0.027904	822,802	22,959	76.00
76.97	07697 CARDIAC REHABILITATION	33,713	632,630	0.053290	131	7	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	34,879	40,227	0.867054	0	0	90.00
90.01	09001 WOUND CARE CLINIC	81,241	1,515,571	0.053604	5,673	304	90.01
91.00	09100 EMERGENCY	789,501	22,655,351	0.034848	1,502,190	52,348	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	615,217	3,970,291	0.154955	365,441	56,627	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	6,263,714	302,686,234		27,221,842	460,620	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/24/2023 10:28 am
Title XVIII		Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	9,850	0.00	2,897	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,310	0.00	433	31.00	
43.00	04300	NURSERY		0	843	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	12,003		3,330	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description		Title XVIII						Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
		1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	262,947	54.00	
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
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	
69.01	03610	SLEEP LAB	0	0	0	0	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
71.01	07101	IV SOLUTIONS	0	0	0	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	WOUND CARE CLINIC	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	262,947	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	30,711,657	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	5,489,325	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,375,741	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,734,009	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	262,947	262,947	5,698,962	0.046139	54.00
54.01 03630 ULTRA SOUND	0	0	0	1,611,345	0.000000	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,876,569	0.000000	54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 03480 ONCOLOGY	0	0	0	6,789,172	0.000000	55.01
57.00 05700 CT SCAN	0	0	0	15,610,285	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,595,172	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	34,841,116	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,381,724	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	6,225,800	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,646,189	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,347,312	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	709,619	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01 03610 SLEEP LAB	0	0	0	1,353,930	0.000000	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,908,297	0.000000	71.00
71.01 07101 IV SOLUTIONS	0	0	0	0	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,682,058	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	98,094,703	0.000000	73.00
76.00 03140 RADIOLOGY	0	0	0	10,189,179	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	632,630	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	40,227	0.000000	90.00
90.01 09001 WOUND CARE CLINIC	0	0	0	1,515,571	0.000000	90.01
91.00 09100 EMERGENCY	0	0	0	22,655,351	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,970,291	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	262,947	262,947	302,686,234		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/24/2023 10:28 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	2,569,586	0	5,962,020	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	408,779	0	932,937	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	567,018	0	901,344	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.046139	459,019	21,179	982,316	45,323	54.00
54.01	03630 ULTRA SOUND	0.000000	58,791	0	253,430	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	40,698	0	960,723	0	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	35,021	0	2,384,830	0	55.01
57.00	05700 CT SCAN	0.000000	1,093,565	0	3,355,079	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	135,184	0	944,664	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,252,423	0	2,442,999	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	451,890	0	223,070	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,667,124	0	402,966	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	340,949	0	40,025	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	167,063	0	28,923	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	73,275	0	1,924	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03610 SLEEP LAB	0.000000	0	0	298,349	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,705,537	0	1,597,272	0	71.00
71.01	07101 I.V. SOLUTIONS	0.000000	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,700,174	0	3,446,577	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	9,799,509	0	23,369,137	0	73.00
76.00	03140 RADIOLOGY	0.000000	822,802	0	2,803,476	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	131	0	294,533	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND CARE CLINIC	0.000000	5,673	0	505,402	0	90.01
91.00	09100 EMERGENCY	0.000000	1,502,190	0	3,353,638	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	365,441	0	601,934	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		27,221,842	21,179	56,087,568	45,323	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.295901	5,962,020	0	55	1,764,168
51.00 05100 RECOVERY ROOM	0.140610	932,937	0	0	131,180
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.927935	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.086759	901,344	0	0	78,200
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.910891	982,316	0	0	894,783
54.01 03630 ULTRA SOUND	0.189483	253,430	0	0	48,021
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.086042	960,723	0	0	82,663
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0
55.01 03480 ONCOLOGY	0.490804	2,384,830	0	0	1,170,484
57.00 05700 CT SCAN	0.055287	3,355,079	0	0	185,492
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156643	944,664	0	0	147,975
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.144955	2,442,999	742	0	354,125
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170337	223,070	0	0	37,997
65.00 06500 RESPIRATORY THERAPY	0.221715	402,966	0	0	89,344
66.00 06600 PHYSICAL THERAPY	0.402367	40,025	0	0	16,105
67.00 06700 OCCUPATIONAL THERAPY	0.371224	28,923	0	0	10,737
68.00 06800 SPEECH PATHOLOGY	0.366707	1,924	0	0	706
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03610 SLEEP LAB	0.308495	298,349	0	0	92,039
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364425	1,597,272	0	0	582,086
71.01 07101 IV SOLUTIONS	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.294232	3,446,577	0	0	1,014,093
73.00 07300 DRUGS CHARGED TO PATIENTS	0.184345	23,369,137	0	8,974	4,307,984
76.00 03140 RADIOLOGY	0.156312	2,803,476	0	0	438,217
76.97 07697 CARDIAC REHABILITATION	0.289999	294,533	0	0	85,414
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	4.394461	0	0	0	0
90.01 09001 WOUND CARE CLINIC	0.403197	505,402	0	0	203,777
91.00 09100 EMERGENCY	0.370238	3,353,638	0	28	1,241,644
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.869002	601,934	0	0	523,082
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.555592	0	0	0	0
200.00	Subtotal (see instructions)	56,087,568	742	9,057	13,500,316
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	56,087,568	742	9,057	13,500,316

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	16		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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	108	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.01 03610 SLEEP LAB	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.01 07101 IV SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,654		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	10		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	108	1,680		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	108	1,680		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/24/2023 10:28 am
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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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.295901	0	0	3,972,004	0
51.00 05100 RECOVERY ROOM	0.140610	0	0	1,210,829	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.927935	0	0	7,275	0
53.00 05300 ANESTHESIOLOGY	0.086759	0	0	997,893	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.910891	0	0	914,112	0
54.01 03630 ULTRA SOUND	0.189483	0	0	328,493	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.086042	0	0	322,435	0
55.00 05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0
55.01 03480 ONCOLOGY	0.490804	0	0	1,024,600	0
57.00 05700 CT SCAN	0.055287	0	0	2,583,836	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.156643	0	0	568,736	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.144955	0	0	6,649,302	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170337	0	0	46,905	0
65.00 06500 RESPIRATORY THERAPY	0.221715	0	0	354,181	0
66.00 06600 PHYSICAL THERAPY	0.402367	0	0	848,047	0
67.00 06700 OCCUPATIONAL THERAPY	0.371224	0	0	236,059	0
68.00 06800 SPEECH PATHOLOGY	0.366707	0	0	223,902	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03610 SLEEP LAB	0.308495	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364425	0	0	1,338,527	0
71.01 07101 IV SOLUTIONS	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.294232	0	0	1,304,594	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.184345	0	0	10,522,261	0
76.00 03140 RADIOLOGY	0.156312	0	0	1,308,728	0
76.97 07697 CARDIAC REHABILITATION	0.289999	0	0	12,980	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	4.394461	0	0	8,700	0
90.01 09001 WOUND CARE CLINIC	0.403197	0	0	0	0
91.00 09100 EMERGENCY	0.370238	0	0	6,034,193	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.869002	0	0	640,378	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.555592	0	0		95.00
200.00	Subtotal (see instructions)	0	0	41,458,970	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	41,458,970	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/24/2023 10:28 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	1,175,320	50.00
51.00 05100	RECOVERY ROOM	0	170,255	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,751	52.00
53.00 05300	ANESTHESIOLOGY	0	86,576	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	832,656	54.00
54.01 03630	ULTRA SOUND	0	62,244	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	27,743	54.02
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
55.01 03480	ONCOLOGY	0	502,878	55.01
57.00 05700	CT SCAN	0	142,853	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	89,089	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	963,850	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,990	62.00
65.00 06500	RESPIRATORY THERAPY	0	78,527	65.00
66.00 06600	PHYSICAL THERAPY	0	341,226	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	87,631	67.00
68.00 06800	SPEECH PATHOLOGY	0	82,106	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
69.01 03610	SLEEP LAB	0	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487,793	71.00
71.01 07101	IV SOLUTIONS	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	383,853	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,939,726	73.00
76.00 03140	CARDIOLOGY	0	204,570	76.00
76.97 07697	CARDIAC REHABILITATION	0	3,764	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	38,232	90.00
90.01 09001	WOUND CARE CLINIC	0	0	90.01
91.00 09100	EMERGENCY	0	2,234,088	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	556,490	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	10,506,211	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	10,506,211	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,850	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,850	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,032	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)		2,897	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,059,726	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)		12,059,726	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,059,726	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,224.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,546,913	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)		3,546,913	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,747,313	1,310	2,097.19	433	908,083	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					6,674,611	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)					11,129,607	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)					685,264	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					481,799	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,167,063	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					9,962,544	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,818	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,224.34	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,450,190	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,150,417	12,059,726	0.178314	3,450,190	615,217	90.00
91.00	Nursing Program cost	0	12,059,726	0.000000	3,450,190	0	91.00
92.00	Allied health cost	0	12,059,726	0.000000	3,450,190	0	92.00
93.00	All other Medical Education	0	12,059,726	0.000000	3,450,190	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/24/2023 10:28 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,850 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,850 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,032 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,181 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)			843 15.00
16.00	Nursery days (title V or XIX only)			509 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,059,726 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)			12,059,726 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,059,726 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,224.34 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,445,946 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,445,946 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/24/2023 10:28 am	
				Title XIX	Hospital	Cost	
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)	1,152,031	843	1,366.58	509	695,589	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,747,313	1,310	2,097.19	302	633,351	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 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)					3,443,176	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)					6,218,062	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
55.01 Permanent adjustment amount per discharge					0.00	55.01	
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02	
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00	
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00	
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,818	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,224.34	88.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0069		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	89.00
						3,450,190	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,150,417	12,059,726	0.178314	3,450,190	615,217	90.00
91.00	Nursing Program cost	0	12,059,726	0.000000	3,450,190	0	91.00
92.00	Allied health cost	0	12,059,726	0.000000	3,450,190	0	92.00
93.00	All other Medical Education	0	12,059,726	0.000000	3,450,190	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,242,955	30.00
31.00	03100	INTENSIVE CARE UNIT		947,837	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.295901	2,569,586	760,343 50.00
51.00	05100	RECOVERY ROOM	0.140610	408,779	57,478 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.927935	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.089673	567,018	50,846 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.910891	459,019	418,116 54.00
54.01	03630	ULTRA SOUND	0.189483	58,791	11,140 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.086042	40,698	3,502 54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
55.01	03480	ONCOLOGY	0.491065	35,021	17,198 55.01
57.00	05700	CT SCAN	0.055287	1,093,565	60,460 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156643	135,184	21,176 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.146370	2,252,423	329,687 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170337	451,890	76,974 62.00
65.00	06500	RESPIRATORY THERAPY	0.221715	1,667,124	369,626 65.00
66.00	06600	PHYSICAL THERAPY	0.402367	340,949	137,187 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371224	167,063	62,018 67.00
68.00	06800	SPEECH PATHOLOGY	0.366707	73,275	26,870 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03610	SLEEP LAB	0.308779	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364425	1,705,537	621,540 71.00
71.01	07101	IV SOLUTIONS	0.000000	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.294232	2,700,174	794,478 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184345	9,799,509	1,806,490 73.00
76.00	03140	CARDIOLOGY	0.156312	822,802	128,614 76.00
76.97	07697	CARDIAC REHABILITATION	0.289999	131	38 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4.394461	0	0 90.00
90.01	09001	WOUND CARE CLINIC	0.403197	5,673	2,287 90.01
91.00	09100	EMERGENCY	0.400065	1,502,190	600,974 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.869002	365,441	317,569 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,221,842	6,674,611 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		27,221,842	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/24/2023 10:28 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,501,668	30.00
31.00	03100	INTENSIVE CARE UNIT		593,219	31.00
43.00	04300	NURSERY		682,805	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.295901	1,382,852	50.00
51.00	05100	RECOVERY ROOM	0.140610	304,108	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.927935	728,278	52.00
53.00	05300	ANESTHESIOLOGY	0.086759	584,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.910891	145,652	54.00
54.01	03630	ULTRA SOUND	0.189483	23,660	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.086042	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
55.01	03480	ONCOLOGY	0.490804	12,996	55.01
57.00	05700	CT SCAN	0.055287	335,245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.156643	15,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.144955	1,066,638	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.170337	128,909	62.00
65.00	06500	RESPIRATORY THERAPY	0.221715	615,471	65.00
66.00	06600	PHYSICAL THERAPY	0.402367	98,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.371224	48,181	67.00
68.00	06800	SPEECH PATHOLOGY	0.366707	26,816	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03610	SLEEP LAB	0.308495	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.364425	1,038,554	71.00
71.01	07101	IV SOLUTIONS	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.294232	591,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184345	4,859,663	73.00
76.00	03140	CARDIOLOGY	0.156312	255,489	76.00
76.97	07697	CARDIAC REHABILITATION	0.289999	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4.394461	0	90.00
90.01	09001	WOUND CARE CLINIC	0.403197	0	90.01
91.00	09100	EMERGENCY	0.370238	527,884	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.869002	41,491	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,831,674	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)		12,831,674	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,382,755	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,764,142	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)		195,129	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		16,127	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)		35.28	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.87	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.86	31.00
32.00	Sum of lines 30 and 31		27.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.09	33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/24/2023 10:28 am	
		Title XVIII	Hospital	PPS	
				1.00	
34.00	Disproportionate share adjustment (see instructions)			216,015	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000086892	0.000097909	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		624,928	673,066	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		467,412	169,650	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		637,062		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		8,211,230		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		8,110,873		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			8,211,230	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			581,977	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			12,749	53.00
54.00	Special add-on payments for new technologies			77,551	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)			21,179	58.00
59.00	Total (sum of amounts on lines 49 through 58)			8,904,686	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			8,904,686	61.00
62.00	Deductibles billed to program beneficiaries			910,736	62.00
63.00	Coinurance billed to program beneficiaries			3,112	63.00
64.00	Allowable bad debts (see instructions)			75,879	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			49,321	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			18,133	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			8,040,159	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)			-77,463	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2022	561,792	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)	2023	193,537	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)		8,718,025	71.00
71.01	Sequestration adjustment (see instructions)		109,847	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	71.03
72.00	Interim payments		8,742,368	72.00
72.01	Interim payments-PARHM or CHART		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-134,190	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		898,643	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2023 10:28 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,382,755	0	5,382,755		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,764,142	0		1,764,142	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	195,129	0	195,129		2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	16,127	0		16,127	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1209	0.1209	0.1209	0.1209	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	216,015	0	162,694	53,321	11.00	
11.01	Uncompensated care payments	36.00	637,062	0	467,412	169,650	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	8,211,230	0	6,207,990	2,003,240	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	8,211,230	0	6,207,990	2,003,240	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2023 10:28 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	581,977	0	443,927	138,050	581,977	16.00
17.00	Special add-on payments for new technologies	54.00	77,551	0	40,939	36,612	77,551	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	6,692,856	2,177,902	8,870,758	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	536,896	0	406,456	130,440	536,896	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	45,081	0	37,471	7,610	45,081	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	581,977	0	443,927	138,050	581,977	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				0.083939	0.088864		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			561,792		561,792	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				193,537	193,537	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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2023 10:28 am
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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 (cols. 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	5,382,755	5,382,755		5,382,755	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,764,142		1,764,142	1,764,142	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	195,129	195,129		195,129	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	16,127		16,127	16,127	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1209	0.1209	0.1209		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	216,015	162,694	53,321	216,015	11.00
11.01	Uncompensated care payments	36.00	637,062	467,412	169,650	637,062	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	8,211,230	6,207,990	2,003,240	8,211,230	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	8,211,230	6,207,990	2,003,240	8,211,230	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	581,977	443,927	138,050	581,977	16.00
17.00	Special add-on payments for new technologies	54.00	77,551	40,939	36,612	77,551	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			6,692,856	2,177,902	8,870,758	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	536,896	406,456	130,440	536,896	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	45,081	37,471	7,610	45,081	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	581,977	443,927	138,050	581,977	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	561,792	561,792		561,792	27.00
28.00	Low volume adjustment prior to October 1	70.96					28.00
29.00	Low volume adjustment on or after October 1	70.97	193,537		193,537	193,537	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	-77,463	-53,152	-24,311	-77,463	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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,788	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		13,454,993	2.00
3.00	OPPS payments		10,964,333	3.00
4.00	Outlier payment (see instructions)		9,027	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		45,323	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,788	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		9,799	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)		9,799	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		9,799	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,011	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)		1,788	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)		11,018,683	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,004,967	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)		9,015,504	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)		9,015,504	30.00
31.00	Primary payer payments		2,104	31.00
32.00	Subtotal (line 30 minus line 31)		9,013,400	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		159,135	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		103,438	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		69,986	36.00
37.00	Subtotal (see instructions)		9,116,838	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,116,838	40.00
40.01	Sequestration adjustment (see instructions)		114,872	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		9,044,287	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-42,321	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,424,908	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/24/2023 10:28 am
	Title XVIII	Hospital	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0069

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2023 10:28 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,742,368		9,044,287	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)		8,742,368		9,044,287	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		134,190		42,321	6.02	
7.00	Total Medicare program liability (see instructions)		8,608,178		9,001,966	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: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2023 10:28 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		6,218,062		1.00
2.00	Medical and other services			10,506,211	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,218,062	10,506,211	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6,218,062	10,506,211	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		12,831,674	41,458,970	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		12,831,674	41,458,970	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		12,831,674	41,458,970	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,613,612	30,952,759	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		6,218,062	10,506,211	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		6,218,062	10,506,211	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6,218,062	10,506,211	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,218,062	10,506,211	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6,218,062	10,506,211	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,218,062	10,506,211	40.00
41.00	Interim payments		6,218,062	10,506,211	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/24/2023 10:28 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, 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: 15-0069

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

Worksheet G
Date/Time Prepared:
5/24/2023 10:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	23,877,763	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	6,501,938	0	0	0	3.00
4.00	Accounts receivable	21,528,750	0	0	0	4.00
5.00	Other receivable	-370,864,995	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,541,029	0	0	0	7.00
8.00	Prepaid expenses	738,178	0	0	0	8.00
9.00	Other current assets	10,000	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)	-314,667,337	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,309,781	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	84,433,611	0	0	0	15.00
16.00	Accumulated depreciation	-5,233,542	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	10,607,813	0	0	0	23.00
24.00	Accumulated depreciation	-3,035,594	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)	92,082,069	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	190,202,273	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	190,202,273	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	-32,382,995	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,553,478	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	259,953	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	6,866,116	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,679,547	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	625,504	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	625,504	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,305,051	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-42,688,046				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-42,688,046	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-32,382,995	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0069

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

Worksheet G-1

Date/Time Prepared:
5/24/2023 10:28 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		763,440		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-43,451,486				2.00
3.00	Total (sum of line 1 and line 2)		-42,688,046		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-42,688,046		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-42,688,046		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0069

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	10,612,114		10,612,114	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	10,612,114		10,612,114	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,885,558		2,885,558	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,885,558		2,885,558	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,497,672		13,497,672	17.00
18.00	Ancillary services	65,790,900	245,753,243	311,544,143	18.00
19.00	Outpatient services	0	72,667,348	72,667,348	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,547,183	1,547,183	22.00
23.00	AMBULANCE SERVICES	0	5,609,259	5,609,259	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	495,051	495,051	26.00
27.00	OTHER OUTPATIENT	0	1,548,767	1,548,767	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	79,288,572	327,620,851	406,909,423	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		140,407,829		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)		140,407,829		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0069

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

Worksheet G-3

Date/Time Prepared:
5/24/2023 10:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	406,909,423	1.00
2.00	Less contractual allowances and discounts on patients' accounts	283,530,664	2.00
3.00	Net patient revenues (line 1 minus line 2)	123,378,759	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	140,407,829	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,029,070	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	228,120	6.00
7.00	Income from investments	3,986,710	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	267,157	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	2,666	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	-31,659,320	24.00
24.50	COVID-19 PHE Funding	752,251	24.50
25.00	Total other income (sum of lines 6-24)	-26,422,416	25.00
26.00	Total (line 5 plus line 25)	-43,451,486	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)	-43,451,486	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7141

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,049,290	0	54,166	0	8,986	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	21,485	21,485	12.00
13.00	Drugs	0	0	0	11	11	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	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)	1,049,290	0	54,166	0	30,482	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-736,479	375,963	0	375,963		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	435,068	435,068	0	435,068		6.00
7.00	Physical Therapy	228,645	228,645	0	228,645		7.00
8.00	Occupational Therapy	58,956	58,956	0	58,956		8.00
9.00	Speech Pathology	1,635	1,635	0	1,635		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	1,350	1,350	0	1,350		11.00
12.00	Supplies (see instructions)	0	21,485	0	21,485		12.00
13.00	Drugs	0	11	0	11		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-10,825	1,123,113	0	1,123,113		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: 15-0069	Period: From 01/01/2022	Worksheet H-1 Part I
		HHA CCN: 15-7141	To 12/31/2022	Date/Time Prepared: 5/24/2023 10:28 am
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	375,963	0	0	0	375,963	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	435,068	0	0	0	435,068	6.00	
7.00	Physical Therapy	228,645	0	0	0	228,645	7.00	
8.00	Occupational Therapy	58,956	0	0	0	58,956	8.00	
9.00	Speech Pathology	1,635	0	0	0	1,635	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	1,350	0	0	0	1,350	11.00	
12.00	Supplies (see instructions)	21,485	0	0	0	21,485	12.00	
13.00	Drugs	11	0	0	0	11	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	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)	1,123,113	0	0	0	1,123,113	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	375,963					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	218,925	653,993				6.00
7.00	Physical Therapy	115,053	343,698				7.00
8.00	Occupational Therapy	29,666	88,622				8.00
9.00	Speech Pathology	823	2,458				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	679	2,029				11.00
12.00	Supplies (see instructions)	10,811	32,296				12.00
13.00	Drugs	6	17				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,123,113				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet H-1 Part II Date/Time Prepared: 5/24/2023 10:28 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-375,963	747,150
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	435,068
7.00	Physical Therapy	0	0	0	0	0	228,645
8.00	Occupational Therapy	0	0	0	0	0	58,956
9.00	Speech Pathology	0	0	0	0	0	1,635
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	1,350
12.00	Supplies (see instructions)	0	0	0	0	0	21,485
13.00	Drugs	0	0	0	0	0	11
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-375,963	747,150
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		375,963
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.503196

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7141

To 12/31/2022

Part I
Date/Time Prepared:
5/24/2023 10:28 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
1.00 Administrative and General	0	0	2,867	0	251,779	254,646	1.00
2.00 Skilled Nursing Care	653,993	0	0	0	0	653,993	2.00
3.00 Physical Therapy	343,698	0	0	0	0	343,698	3.00
4.00 Occupational Therapy	88,622	0	0	0	0	88,622	4.00
5.00 Speech Pathology	2,458	0	0	0	0	2,458	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	2,029	0	0	0	0	2,029	7.00
8.00 Supplies (see instructions)	32,296	0	0	0	0	32,296	8.00
9.00 Drugs	17	0	0	0	0	17	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,123,113	0	2,867	0	251,779	1,377,759	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	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	61,207	69,310	0	0	0	0	1.00
2.00 Skilled Nursing Care	157,194	0	0	0	0	0	2.00
3.00 Physical Therapy	82,612	0	0	0	0	0	3.00
4.00 Occupational Therapy	21,301	0	0	0	0	0	4.00
5.00 Speech Pathology	591	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	488	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	7,763	0	0	0	0	0	8.00
9.00 Drugs	4	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)	331,160	69,310	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: 15-0069

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7141

To 12/31/2022

Part I
Date/Time Prepared:
5/24/2023 10:28 am

Home Health
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PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	NONPHYSICIAN	RADIOLOGY		
		ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY	ANESTHETISTS	SCHOOL		
		13.00	14.00	15.00	16.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,000	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	1,000	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
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	385,163	0	385,163					1.00
2.00	Skilled Nursing Care	811,187	0	811,187	224,122	1,035,309			2.00
3.00	Physical Therapy	426,310	0	426,310	117,784	544,094			3.00
4.00	Occupational Therapy	109,923	0	109,923	30,370	140,293			4.00
5.00	Speech Pathology	3,049	0	3,049	842	3,891			5.00
6.00	Medical Social Services	0	0	0	0	0			6.00
7.00	Home Health Aide	2,517	0	2,517	695	3,212			7.00
8.00	Supplies (see instructions)	41,059	0	41,059	11,344	52,403			8.00
9.00	Drugs	21	0	21	6	27			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)	1,779,229	0	1,779,229	385,163	1,779,229			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.				0.276287				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: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/24/2023 10:28 am PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	0	1,038,465	0	254,646	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	653,993	2.00
3.00 Physical Therapy	0	0	0	0	0	343,698	3.00
4.00 Occupational Therapy	0	0	0	0	0	88,622	4.00
5.00 Speech Pathology	0	0	0	0	0	2,458	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	2,029	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	32,296	8.00
9.00 Drugs	0	0	0	0	0	17	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	2,748	0	1,038,465	0	1,377,759	20.00
21.00 Total cost to be allocated	0	2,867	0	251,779	0	331,160	21.00
22.00 Unit cost multiplier	0.000000	1.043304	0.000000	0.242453	0	0.240361	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,748	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)	2,748	0	0	0	0	0	20.00
21.00 Total cost to be allocated	69,310	0	0	0	0	0	21.00
22.00 Unit cost multiplier	25.221980	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0069	Period: From 01/01/2022	Worksheet H-2 Part II Date/Time Prepared: 5/24/2023 10:28 am
	HHA CCN: 15-7141	To 12/31/2022	
		Home Health Agency I	PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00	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)	26,992	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	Telmedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	26,992	0	0	0	0		20.00
21.00	Total cost to be allocated	1,000	0	0	0	0		21.00
22.00	Unit cost multiplier	0.037048	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022	Worksheet H-3
		HHA CCN: 15-7141	To 12/31/2022	Part I Date/Time Prepared: 5/24/2023 10:28 am

Title XVIII			Home Health Agency I	PPS
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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	1,035,309		1,035,309	3,078	336.36	1.00
2.00	Physical Therapy	3.00	544,094	0	544,094	2,184	249.13	2.00
3.00	Occupational Therapy	4.00	140,293	0	140,293	534	262.72	3.00
4.00	Speech Pathology	5.00	3,891	0	3,891	19	204.79	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	3,212		3,212	20	160.60	6.00
7.00	Total (sum of lines 1-6)		1,726,799	0	1,726,799	5,835		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits		Ratio (col. 3 + col. 4)	
			Part A	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		99915	0	834	8.00
9.00	Physical Therapy		99915	0	721	9.00
10.00	Occupational Therapy		99915	0	193	10.00
11.00	Speech Pathology		99915	0	5	11.00
12.00	Medical Social Services		99915	0	0	12.00
13.00	Home Health Aide		99915	0	14	13.00
14.00	Total (sum of lines 8-13)			0	1,767	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	52,403	0	52,403	79,556	0.658693	15.00
16.00	Cost of Drugs	9.00	27	0	27	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

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	834		0	280,524	1.00
2.00	Physical Therapy	0	721		0	179,623	2.00
3.00	Occupational Therapy	0	193		0	50,705	3.00
4.00	Speech Pathology	0	5		0	1,024	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	14		0	2,248	6.00
7.00	Total (sum of lines 1-6)	0	1,767		0	514,124	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0069 HHA CCN: 15-7141		Period: From 01/01/2022 To 12/31/2022		Worksheet H-3 Part I Date/Time Prepared: 5/24/2023 10:28 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description			6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00
Program Covered Charges			Cost of Services					
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			
		6.00	7.00		8.00	9.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
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	280,524						1.00
2.00	Physical Therapy	179,623						2.00
3.00	Occupational Therapy	50,705						3.00
4.00	Speech Pathology	1,024						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	2,248						6.00
7.00	Total (sum of lines 1-6)	514,124						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part II Date/Time Prepared: 5/24/2023 10:28 am PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.402367	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.371224	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.366707	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.364425	0	0	col. 2, line 15.00 4.00
4.01	Cost of Medical Supplies 1	71.01	0.000000	0	0	col. 2, line 15.01 4.01
5.00	Cost of Drugs	73.00	0.184345	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2023 10:28 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	336,469
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	1,775
13.00	Total PPS Reimbursement - LUPA Episodes		0	4,167
14.00	Total PPS Reimbursement - PEP Episodes		0	12,399
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	873
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	7
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	355,690
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	355,690
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	355,690
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	355,690
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	355,690
31.01	Sequestration adjustment (see instructions)		0	3,981
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	351,709
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: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2022 To 12/31/2022	Worksheet H-5 Date/Time Prepared: 5/24/2023 10:28 am PPS
		Home Health Agency I	

		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		351,709	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		351,709	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		351,709	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: 15-0069

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	77,083	3,551	80,634	65,857	146,491	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	13,639	13,639	0	13,639	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	1,438	1,438	13.00
14.00	PHARMACY*	0	2,222	2,222	0	2,222	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	0	0	0	3,553	3,553	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	204	204	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	305	305	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	9,556	9,556	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	573	573	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	41,716	41,716	0	41,716	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	77,083	61,128	138,211	81,486	219,697	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	146,491	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	13,639	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1,438	13.00
14.00	PHARMACY*	0	2,222	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
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	3,553	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	204	30.00
31.00	OCCUPATIONAL THERAPY**	0	305	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	9,556	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	573	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	41,716	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	219,697	100.00

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

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

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

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-1

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

	Hospice I					SUBTOTAL
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	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	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	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 *	0	0	0	0	100.00

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

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/24/2023 10:28 am
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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	
DI RECT PATIENT CARE SERVICE COST CENTERS						
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	0	0	0	3,515	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	202	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	302	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	9,455	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	0	0	0	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	41,716	41,716	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	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 *	0	41,716	41,716	14,041	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	
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		25.00
26.00	PHYSICIAN SERVICES	0	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	3,515	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	202	30.00
31.00	OCCUPATIONAL THERAPY	302	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	9,455	33.00
34.00	SPIRITUAL COUNSELING	0	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	41,716	38.00
39.00	PATIENT TRANSPORTATION	0	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	46.00
100.00	TOTAL *	55,757	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: 15-0069
Hospice CCN: 15-1535

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

Worksheet 0-4
Date/Time Prepared:
5/24/2023 10:28 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
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	0	0	0	38	38.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	2	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	3	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	101	101.00
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	0	0	0	6	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	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 *	0	0	0	150	150.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	38
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	2
31.00	OCCUPATIONAL THERAPY	0	3
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	101
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	6
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	150

* 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: 15-0069

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of col s. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	776	776	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	0	38,446	38,446	3.00
4.00 ADMINISTRATIVE & GENERAL	146,491	62,234	208,725	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	18,765	18,765	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	1,546	1,546	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	13,639	0	13,639	12.00
13.00 VOLUNTEER SERVICE COORDINATION	1,438	0	1,438	13.00
14.00 PHARMACY	2,222	0	2,222	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	55,757	0	55,757	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	150	0	150	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THIRFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	219,697	121,767	341,464	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part I
Date/Time Prepared:
5/24/2023 10:28 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	776	776			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	38,446	0	0	38,446	3.00
4.00	ADMINISTRATIVE & GENERAL	208,725	776	0	30,906	4.00
5.00	PLANT OPERATION & MAINTENANCE	18,765	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,546	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	13,639	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,438	0	0	723	13.00
14.00	PHARMACY	2,222	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	55,757			6,745	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	150	0	0	72	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	341,464	776	0	38,446	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2022	Worksheet 0-6
		Hospice CCN: 15-1535	To 12/31/2022	Part I
				Date/Time Prepared: 5/24/2023 10:28 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	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	240,407				4.00
5.00	PLANT OPERATION & MAINTENANCE	44,641	63,406			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	0	0		0	7.00
8.00	DIETARY	0	0		0	8.00
9.00	NURSING ADMINISTRATION	0	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,678	0		0	10.00
11.00	MEDICAL RECORDS	0	0		0	11.00
12.00	STAFF TRANSPORTATION	32,446	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	5,141	0		0	13.00
14.00	PHARMACY	5,286	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	148,687				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	528	63,406	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	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	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	240,407	63,406	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part I
Date/Time Prepared:
5/24/2023 10:28 am

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	5,224			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			46,085	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
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	5,171	0	45,619	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	53	0	466	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	5,224	0	46,085	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part I
Date/Time Prepared:
5/24/2023 10:28 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	7,508					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	7,434	0	0		276,639	51.00
52.00	0	0	0	0	0	52.00
53.00	74	0	0	0	64,825	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	7,508	0	0	0	341,464	100.00

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

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part II
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Descriptions		Hospice I					
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	744					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	76,445			3.00
4.00	ADMINISTRATIVE & GENERAL	744	0	61,451	-240,407	101,057	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	18,765	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,546	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	13,639	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	1,438	0	2,161	13.00
14.00	PHARMACY	0	0	0	0	2,222	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			13,412	0	62,502	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	144	0	222	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	776	0	38,446		240,407	100.00
101.00	UNIT COST MULTIPLIER	1.043011	0.000000	0.502924		2.378925	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part II
Date/Time Prepared:
5/24/2023 10:28 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		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
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPI TE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	100	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	63,406	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	634.060000	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
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To 12/31/2022

Part II
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Cost Center Descriptions		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	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,075					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			13,241			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,438		13.00
14.00	PHARMACY			0	0	2,222	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,054	0	13,107	1,423	2,200	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	21	0	134	15	22	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,224	0	46,085	7,302	7,508	100.00
101.00	UNIT COST MULTIPLIER	2.517590	0.000000	3.480477	5.077886	3.378938	101.00

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

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2022

Part II
Date/Time Prepared:
5/24/2023 10:28 am

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

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

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

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	0.402367	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.371224	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.366707	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.184345	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.144955	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.364425	0	0	0	7.00
7.01	IV SOLUTIONS	71.01	0.000000	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.000000	0	0	0	9.00
9.01	ONCOLOGY	55.01	0.490804	0	0	0	9.01
10.00	CARDIOLOGY	76.00	0.156312	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.289999	0	0	0	10.97
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
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
7.01	IV SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
9.01	ONCOLOGY	0	0	0	0	0	9.01
10.00	CARDIOLOGY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0069

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1535

To 12/31/2022

Date/Time Prepared: 5/24/2023 10:28 am

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			276,639
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			2,054
8.00	Total average cost per diem (line 6 divided by line 7)			134.68
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	1,961	6	
10.00	Program cost (line 8 times line 9)	264,107	808	
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	
15.00	Program cost (line 13 times line 14)	0	0	
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			64,825
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			21
18.00	Total average cost per diem (line 16 divided by line 17)			3,086.90
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	21	0	
20.00	Program cost (line 18 times line 19)	64,825	0	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			341,464
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			2,075
23.00	Average cost per diem (line 21 divided by line 22)			164.56

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0069	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/24/2023 10:28 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		536,896	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		45,081	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)		23.78	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)		581,977	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00