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: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/17/2023 9:42 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/17/2023 Time: 9:42 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 SULLIVAN COUNTY COMMUNITY HOSPITAL (15-1327) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1		2		
1				I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name				2
3	Signatory Title				3
4	Date				4

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	301,032	409,696	0	0	1.00
2.00	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	79,620	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		36,392		0	10.00
200.00	TOTAL	0	380,652	446,088	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I Date/Time Prepared: 5/17/2023 9:42 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2200 NORTH SECTION STREET	PO Box: 10			1.00
2.00	City: SULLIVAN	State: IN	Zip Code: 47882	County: SULLIVAN	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	SULLIVAN COUNTY COMMUNITY HOSPITAL	151327	45460	1	06/01/2005	N	O	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	SULLIVAN COUNTY COMMUNITY HOSPITAL	15Z327	45460		06/01/2005	N	O	N	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									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	FAMILY PRACTICE ASSOCIATES	158540	45460		10/01/2019	N	N	N	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)	9		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.	N			22.00
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	2	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/17/2023 9:42 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.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural 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.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	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
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I Date/Time Prepared: 5/17/2023 9:42 am

		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I Date/Time Prepared: 5/17/2023 9:42 am

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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				1.00	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)				
68.00	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)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

			1.00	
	Long Term Care Hospital PPS			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
	TEFRA Providers			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00

		Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
		1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		0	88.00

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	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

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		V	XIX	
		1.00	2.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	Y		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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
	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		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part I | Date/Time Prepared: 5/17/2023 9:42 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	250,502	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
	Certified Transplant Center Information			
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
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		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

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					1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
					1.00	
	Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		N	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)		0.00	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II | Date/Time Prepared: 5/17/2023 9:42 am

		Y/N	Date	
		1.00	2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE			
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	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.	N		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)	Y	04/06/2023	Y	04/06/2023	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/06/2023	Y	04/06/2023	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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-2 Part II Date/Time Prepared: 5/17/2023 9:42 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 relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		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.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	ERIC	CARMACK	41.00
42.00	Enter the employer/company name of the cost report preparer.	FORVIS, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(317) 383-4000	ECARMACK@FORVIS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/17/2023 9:42 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.	MANAGING DIRECTOR		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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I Date/Time Prepared: 5/17/2023 9:42 am

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	21	7,665	36,025.00	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)		21	7,665	36,025.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	4	1,460	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)		25	9,125	36,025.00	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						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		25				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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/17/2023 9:42 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	728	162	1,441			1.00
2.00	HMO and other (see instructions)	0	63				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	135	0	135			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	29			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	863	162	1,605			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	213			13.00
14.00	Total (see instructions)	863	162	1,818	0.00	367.04	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	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	3,000	0	18,048	0.00	14.77	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	381.81	27.00
28.00	Observation Bed Days		52	1,593			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			7			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	19			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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-3 Part I | Date/Time Prepared: 5/17/2023 9:42 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	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	188	9	430	1.00
2.00	HMO and other (see instructions)			0	19		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	188	9	430	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						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-8 | Date/Time Prepared: 5/17/2023 9:42 am

RHC I

				1.00		
	Clinic Address and Identification					
1.00	Street			2229 MARY SHERMAN DRIVE		1.00
		City		State	ZIP Code	
		1.00		2.00	3.00	
2.00	City, State, ZIP Code, County	SULLIVAN		IN	47882	2.00
					1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	3.00
			Grant Award		Date	
			1.00		2.00	
	Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)					4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00
7.00	Appalachian Regional Commission					7.00
8.00	Look-Alikes					8.00
9.00	OTHER (SPECIFY)					9.00
				1.00	2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0	10.00
		Sunday		Monday		Tuesday
		from	to	from	to	from
		1.00	2.00	3.00	4.00	5.00
	Facility hours of operations (1)					
11.00	CLINIC			08:00	17:00	08:00	11.00
					1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?				Y		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				N	0	13.00
				Provider name		CCN
				1.00		2.00	
14.00	RHC/FQHC name, CCN						14.00
		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00
			County				
			4.00				
2.00	City, State, ZIP Code, County		SULLIVAN				2.00
		Tuesday	Wednesday		Thursday		
		to	from	to	from	to	
		6.00	7.00	8.00	9.00	10.00	
	Facility hours of operations (1)						
11.00	CLINIC	17:00	08:00	17:00	05:00	17:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA | Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-8 | Date/Time Prepared: 5/17/2023 9:42 am

RHC I

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
	Facility hours of operations (1)						
11.00	CLINIC						11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet S-10 | Date/Time Prepared: 5/17/2023 9:42 am

		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)	0.285181	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,498,598	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?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	764,241	5.00
6.00	Medicaid charges	39,093,715	6.00
7.00	Medicaid cost (line 1 times line 6)	11,148,785	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	1,415,711	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	20,266,544	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	5,779,633	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)	4,363,922	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)	4,363,922	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	130,386	672,550	802,936	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	37,184	672,550	709,734	21.00
22.00	Payments received from patients for amounts previously written off as charity care	2,132	10,998	13,130	22.00
23.00	Cost of charity care (line 21 minus line 22)	35,052	661,552	696,604	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,512,992	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	843,119	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,297,106	27.01
28.00	Non-Medicare bad debt expense (see instructions)	2,215,886	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,085,916	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,782,520	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,146,442	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/17/2023 9:42 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		587,190	587,190	193,829	781,019	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,338,783	1,338,783	21,677	1,360,460	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	209,006	6,402,069	6,611,075	0	6,611,075	4.00
5.01	00590	IS/ACCOUNTING/MARKETING	699,039	785,246	1,484,285	0	1,484,285	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	942,480	1,982,545	2,925,025	0	2,925,025	5.02
5.03	00592	OTHER A&G	2,107,321	2,447,835	4,555,156	488,712	5,043,868	5.03
7.00	00700	OPERATION OF PLANT	461,641	986,300	1,447,941	53,068	1,501,009	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,238	27,443	82,681	0	82,681	8.00
9.00	00900	HOUSEKEEPING	458,168	39,024	497,192	0	497,192	9.00
10.00	01000	DIETARY	408,753	298,393	707,146	0	707,146	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	388,267	69,984	458,251	0	458,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,531	10,967	170,498	0	170,498	14.00
15.00	01500	PHARMACY	461,636	1,650,742	2,112,378	-303	2,112,075	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	395,773	7,424	403,197	0	403,197	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	931,200	931,200	0	931,200	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,451,554	148,587	3,600,141	242,789	3,842,930	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,294	9,294	-9,294	0	31.00
43.00	04300	NURSERY	0	0	0	216,093	216,093	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,459,403	1,665,051	4,124,454	-1,900,496	2,223,958	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	727,797	402,877	1,130,674	-1,008,063	122,611	52.00
53.00	05300	ANESTHESIOLOGY	0	17,000	17,000	-14,757	2,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	677,424	434,607	1,112,031	-24,549	1,087,482	54.00
54.01	05401	ULTRASOUND	184,638	32,288	216,926	-7,389	209,537	54.01
56.00	05600	RADIOISOTOPE	0	159,448	159,448	-42,851	116,597	56.00
60.00	06000	LABORATORY	932,204	1,502,245	2,434,449	36,249	2,470,698	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,017	11,017	-11,017	0	64.00
65.00	06500	RESPIRATORY THERAPY	558,283	118,313	676,596	-63,395	613,201	65.00
66.00	06600	PHYSICAL THERAPY	717,695	37,582	755,277	-4,993	750,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,484	1,756	209,240	-323	208,917	67.00
68.00	06800	SPEECH PATHOLOGY	88,327	828	89,155	0	89,155	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,150	5,150	0	5,150	70.00
70.01	07001	CARDIOPULMONARY	94,676	7,649	102,325	-137	102,188	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	115,675	115,675	1,064,373	1,180,048	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	520,984	520,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,349	9,349	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,788,533	526,227	2,314,760	-105,605	2,209,155	88.00
90.00	09000	CLINIC	20,565	45,265	65,830	0	65,830	90.00
90.01	09001	PAIN MANAGEMENT	1,687,106	36,113	1,723,219	2,335	1,725,554	90.01
90.02	09002	CLINIC - LAKESIDE	1,082,577	361,452	1,444,029	-140,511	1,303,518	90.02
90.03	09003	CLINIC - QUICKCARE	565,927	176,664	742,591	-8,949	733,642	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	0	0	518,214	518,214	90.04
90.05	09005	ORTHO CLINIC	0	0	0	256,795	256,795	90.05
91.00	09100	EMERGENCY	965,069	1,372,078	2,337,147	-6,014	2,331,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	214,620	326,769	541,389	-130,906	410,483	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,170,735	25,079,080	48,249,815	144,915	48,394,730	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	218,470	218,470	-124,629	93,841	192.00
192.01	19201	MSO CLINICS	444,405	257,869	702,274	-20,089	682,185	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	10,883	0	10,883	0	10,883	194.03
194.04	07954	TH PAIN	314,956	64,588	379,544	-197	379,347	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	23,940,979	25,620,007	49,560,986	0	49,560,986	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A | Date/Time Prepared: 5/17/2023 9:42 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	-130,972	650,047		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-1,858	1,358,602		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-836,765	5,774,310		4.00
5.01	00590	IS/ACCOUNTING/MARKETING	-3,680	1,480,605		5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	-1,564,607	1,360,418		5.02
5.03	00592	OTHER A&G	-393,376	4,650,492		5.03
7.00	00700	OPERATION OF PLANT	-13,903	1,487,106		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	82,681		8.00
9.00	00900	HOUSEKEEPING	0	497,192		9.00
10.00	01000	DIETARY	-153,684	553,462		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	-5,962	452,289		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-840	169,658		14.00
15.00	01500	PHARMACY	-567,539	1,544,536		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,594	397,603		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-931,200	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-127,855	3,715,075		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
43.00	04300	NURSERY	0	216,093		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-718,952	1,505,006		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	122,611		52.00
53.00	05300	ANESTHESIOLOGY	-1,079	1,164		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-48,933	1,038,549		54.00
54.01	05401	ULTRASOUND	0	209,537		54.01
56.00	05600	RADIOISOTOPE	-9,286	107,311		56.00
60.00	06000	LABORATORY	-58,536	2,412,162		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-4,645	608,556		65.00
66.00	06600	PHYSICAL THERAPY	-33,506	716,778		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	208,917		67.00
68.00	06800	SPEECH PATHOLOGY	0	89,155		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,150		70.00
70.01	07001	CARDIOPULMONARY	-37,995	64,193		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-21,331	1,158,717		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	520,984		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-29,857	-20,508		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	-419	2,208,736		88.00
90.00	09000	CLINIC	-16,671	49,159		90.00
90.01	09001	PAIN MANAGEMENT	-1,094,070	631,484		90.01
90.02	09002	CLINIC - LAKESIDE	-840,329	463,189		90.02
90.03	09003	CLINIC - QUICKCARE	-405,994	327,648		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	-401,104	117,110		90.04
90.05	09005	ORTHO CLINIC	-119,351	137,444		90.05
91.00	09100	EMERGENCY	-28,297	2,302,836		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	BEHAVIOR HEALTH	-45,964	364,519		93.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		102.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,654,154	39,740,576		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	93,841		192.00
192.01	19201	MSO CLINICS	0	682,185		192.01
192.03	19203	FPA	0	0		192.03
194.00	07950	MEALS ON WHEELS	0	0		194.00
194.01	07951	WELLNESS CLINIC	0	0		194.01
194.02	07952	OTHER (SPECIFY)	0	0		194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	10,883		194.03
194.04	07954	TH PAIN	0	379,347		194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,654,154	40,906,832		200.00

RECLASSIFICATIONS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/17/2023 9:42 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CARE COORDINATION RECLASS				
1.00	OTHER A&G	5.03	362,753	144,599	1.00
	0		362,753	144,599	
	B - DELIVERY ROOM RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	572,556	205,146	1.00
2.00	NURSERY	43.00	107,562	108,531	2.00
	0		680,118	313,677	
	C - OXYGEN RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46,348	1.00
	0		0	46,348	
	D - MEDICAL SUPPLIES RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,018,025	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	520,984	2.00
3.00	LABORATORY	60.00	0	36,249	3.00
4.00	PAIN MANAGEMENT	90.01	0	2,335	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	0		0	1,577,593	
	E - BEHAVIOR HEALTH OVERHEAD				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	99,799	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	21,677	2.00
3.00	OPERATION OF PLANT	7.00	0	9,430	3.00
	0		0	130,906	
	F - UTILITIES RECLASS				
1.00	OPERATION OF PLANT	7.00	0	13,039	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
	0		0	13,039	
	G - PRIVATE PHYSICIAN RECLASS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	94,030	1.00
2.00	OPERATION OF PLANT	7.00	0	30,599	2.00
	0		0	124,629	
	H - ICU RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	0	9,294	1.00
	0		0	9,294	
	I - WOMEN'S HEALTH RECLASS				
1.00	WOMEN'S HEALTH CLINIC	90.04	482,686	54,310	1.00
	0		482,686	54,310	
	J - ORTHO CLINIC RECLASS				
1.00	ORTHO CLINIC	90.05	229,192	29,032	1.00
	0		229,192	29,032	
	K - IV RECLASS				
1.00	OPERATING ROOM	50.00	0	1,668	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,349	2.00
	0		0	11,017	
500.00	Grand Total: Increases		1,754,749	2,454,444	500.00

RECLASSIFICATIONS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-6 | Date/Time Prepared: 5/17/2023 9:42 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - CARE COORDINATION RECLASS					
1.00	OPERATING ROOM	50.00	362,753	144,599	0	1.00
	0		362,753	144,599		
	B - DELIVERY ROOM RECLASS					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	680,118	313,677	0	1.00
2.00		0.00	0	0	0	2.00
	0		680,118	313,677		
	C - OXYGEN RECLASS					
1.00	RESPIRATORY THERAPY	65.00	0	46,348	0	1.00
	0		0	46,348		
	D - MEDICAL SUPPLIES RECLASS					
1.00	OTHER A&G	5.03	0	18,640	0	1.00
2.00	PHARMACY	15.00	0	303	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,892	0	3.00
4.00	OPERATING ROOM	50.00	0	1,135,400	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,268	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	14,757	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,549	0	7.00
8.00	ULTRASOUND	54.01	0	7,389	0	8.00
9.00	RADIOISOTOPE	56.00	0	42,851	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	17,047	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	4,993	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	323	0	12.00
13.00	CARDIOPULMONARY	70.01	0	137	0	13.00
14.00	RURAL HEALTH CLINIC	88.00	0	103,796	0	14.00
15.00	CLINIC - LAKESIDE	90.02	0	132,788	0	15.00
16.00	CLINIC - QUICKCARE	90.03	0	8,949	0	16.00
17.00	WOMEN'S HEALTH CLINIC	90.04	0	18,782	0	17.00
18.00	ORTHO CLINIC	90.05	0	1,429	0	18.00
19.00	EMERGENCY	91.00	0	6,014	0	19.00
20.00	MSO CLINICS	192.01	0	20,089	0	20.00
21.00	TH PAIN	194.04	0	197	0	21.00
	0		0	1,577,593		
	E - BEHAVIOR HEALTH OVERHEAD					
1.00	BEHAVIOR HEALTH	93.00	0	130,906	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
	0		0	130,906		
	F - UTILITIES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	2,319	0	1.00
2.00	OPERATING ROOM	50.00	0	1,188	0	2.00
3.00	CLINIC - LAKESIDE	90.02	0	7,723	0	3.00
4.00	RURAL HEALTH CLINIC	88.00	0	1,809	0	4.00
	0		0	13,039		
	G - PRIVATE PHYSICIAN RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	124,629	9	1.00
2.00		0.00	0	0	0	2.00
	0		0	124,629		
	H - ICU RECLASS					
1.00	INTENSIVE CARE UNIT	31.00	0	9,294	0	1.00
	0		0	9,294		
	I - WOMEN'S HEALTH RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	482,686	54,310	0	1.00
	0		482,686	54,310		
	J - ORTHO CLINIC RECLASS					
1.00	OPERATING ROOM	50.00	229,192	29,032	0	1.00
	0		229,192	29,032		
	K - IV RECLASS					
1.00	INTRAVENOUS THERAPY	64.00	0	11,017	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	11,017		
500.00	Grand Total: Decreases		1,754,749	2,454,444		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part I | Date/Time Prepared: 5/17/2023 9:42 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	1,036,127	0	0	0	0	1.00
2.00	Land Improvements	3,113,955	0	0	0	0	2.00
3.00	Buildings and Fixtures	17,110,957	89,923	0	89,923	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	6,626,644	14,922	0	14,922	0	5.00
6.00	Movable Equipment	22,500,222	1,562,279	0	1,562,279	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	50,387,905	1,667,124	0	1,667,124	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	50,387,905	1,667,124	0	1,667,124	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,036,127	0	1.00
2.00	Land Improvements	3,113,955	0	2.00
3.00	Buildings and Fixtures	17,200,880	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	6,641,566	0	5.00
6.00	Movable Equipment	24,062,501	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	52,055,029	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	52,055,029	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part II Date/Time Prepared: 5/17/2023 9:42 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	451,511	0	135,679	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,252,191	86,592	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,703,702	86,592	135,679	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	587,190		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,338,783		2.00
3.00	Total (sum of lines 1-2)	0	1,925,973		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-7 Part III Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	27,992,528	0	27,992,528	0.537749	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	24,062,501	0	24,062,501	0.462251	0	2.00
3.00	Total (sum of lines 1-2)	52,055,029	0	52,055,029	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	645,340	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,273,868	86,592	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,919,208	86,592	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	4,707	0	0	0	650,047	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,858	0	0	0	1,358,602	2.00
3.00	Total (sum of lines 1-2)	2,849	0	0	0	2,008,649	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-135,679	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-10,136	OTHER A&G	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-11,473	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,504,691			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-13,914			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-153,684	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-1,289	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	-3,166	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-5,594	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8 | Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	A&G - ADVERTISING	A	-246,856	OTHER A&G	5.03	0	33.00
33.01	LAKESIDE CLINIC ADVERTISING	A	-419	CLINIC - LAKESIDE	90.02	0	33.01
33.02	BEHAVIORAL HEALTH ADVERTISING	A	-3,153	BEHAVIOR HEALTH	93.00	0	33.02
33.03	ORTHO ADVERTISING	A	-12	OPERATING ROOM	50.00	0	33.03
33.04	QUICKCARE CLINIC ADVERTISING	A	-1,503	CLINIC - QUICKCARE	90.03	0	33.04
33.05	PHYSICIAN RECRUITMENT	A	-106,284	OTHER A&G	5.03	0	33.05
33.06	FLOWERS & PLANTS	A	-2,448	OTHER A&G	5.03	0	33.06
33.07	SURETY BONDS	A	-585	OTHER A&G	5.03	0	33.07
33.09	LOBBYING EXPENSES	A	-1,980	OTHER A&G	5.03	0	33.09
33.10	DOMESTIC HEALTHCARE CLAIMS	B	-739,735	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	MISC INCOME	B	-21,160	OTHER A&G	5.03	0	33.11
33.13	MISC EDUCATION REVENUE	B	-5,962	NURSING ADMINISTRATION	13.00	0	33.13
33.14	340B REVENUE	A	-564,373	PHARMACY	15.00	0	33.14
33.15	BOND ISSUANCE COST	A	4,707	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.15
33.16	BEHAVIORAL HEALTH - START-UP COSTS	A	5,116	BEHAVIOR HEALTH	93.00	0	33.16
33.17	BEHAVIORAL HEALTH - START-UP COSTS	A	540	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	HOSPITAL ASSESSMENT FEE	B	-1,562,252	BUSINESS OFFICE & ADMITTING	5.02	0	33.18
33.19	CRNA EXPENSES	A	-931,200	NONPHYSICIAN ANESTHETISTS	19.00	0	33.19
33.20	FPA ADVERTISING EXPENSE	A	-419	RURAL HEALTH CLINIC	88.00	0	33.20
33.21	INTEREST INCOME - PT ACCT	B	-2,355	BUSINESS OFFICE & ADMITTING	5.02	0	33.21
33.22	PHYSICIAN BENEFITS	A	-96,391	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	COST OF EMPLOYEE SELF INSURANCE	A	-127,855	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	COST OF EMPLOYEE SELF INSURANCE	A	-120,488	OPERATING ROOM	50.00	0	33.24
33.25	COST OF EMPLOYEE SELF INSURANCE	A	-1,079	ANESTHESIOLOGY	53.00	0	33.25
33.26	COST OF EMPLOYEE SELF INSURANCE	A	-48,933	RADIOLOGY-DIAGNOSTIC	54.00	0	33.26
33.27	COST OF EMPLOYEE SELF INSURANCE	A	-9,286	RADIOISOTOPE	56.00	0	33.27
33.28	COST OF EMPLOYEE SELF INSURANCE	A	-58,536	LABORATORY	60.00	0	33.28
33.29	COST OF EMPLOYEE SELF INSURANCE	A	-4,645	RESPIRATORY THERAPY	65.00	0	33.29
33.30	COST OF EMPLOYEE SELF INSURANCE	A	-33,506	PHYSICAL THERAPY	66.00	0	33.30
33.31	COST OF EMPLOYEE SELF INSURANCE	A	-37,995	CARDIOPULMONARY	70.01	0	33.31
33.32	COST OF EMPLOYEE SELF INSURANCE	A	-20,042	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.32
33.33	COST OF EMPLOYEE SELF INSURANCE	A	-29,857	DRUGS CHARGED TO PATIENTS	73.00	0	33.33
33.34	COST OF EMPLOYEE SELF INSURANCE	A	-28,297	EMERGENCY	91.00	0	33.34
33.35	LAKESIDE BAD DEBTS	A	-4,758	CLINIC - LAKESIDE	90.02	0	33.35
33.36	QUICKCARE BAD DEBTS	A	-12,527	CLINIC - QUICKCARE	90.03	0	33.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,654,154				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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-1 | Date/Time Prepared: 5/17/2023 9:42 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	2.00	NEW CAP REL COSTS-MVBLE EQUI	FITNESS CENTER - PROP INSURA	0	1,858	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FITNESS CENTER - HR	0	1,179	2.00
3.00	5.01	IS/ACCOUNTING/MARKETING	FITNESS CENTER - FISCAL ACCT	0	3,680	3.00
4.00	5.03	OTHER A&G	FITNESS CENTER - ADMIN	0	3,927	4.00
4.01	7.00	OPERATION OF PLANT	FITNESS CENTER - MAINT	0	2,430	4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	FITNESS CENTER - MATERIALS M	0	840	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
4.26	0.00			0	0	4.26
4.27	0.00			0	0	4.27
4.28	0.00			0	0	4.28
4.29	0.00			0	0	4.29
4.30	0.00			0	0	4.30
4.31	0.00			0	0	4.31
4.32	0.00			0	0	4.32
4.33	0.00			0	0	4.33
5.00	0		0	0	13,914	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		
	Symbol (1)	Name	Percentage of Ownership	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	C		0.00	JV PAIN CLINIC	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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-1 | Date/Time Prepared: 5/17/2023 9:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,858	11		1.00
2.00	-1,179	0		2.00
3.00	-3,680	0		3.00
4.00	-3,927	0		4.00
4.01	-2,430	0		4.01
4.02	-840	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
5.00	-13,914			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	JV PAIN CLINIC		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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet A-8-2 | Date/Time Prepared: 5/17/2023 9:42 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	50.00	OPERATING ROOM	611,452	598,452	13,000	0	0	1.00
2.00	60.00	LABORATORY	30,000	0	30,000	0	0	2.00
3.00	90.00	CLINIC	16,671	16,671	0	0	0	3.00
4.00	90.01	PAIN MANAGEMENT	1,094,070	1,094,070	0	0	0	4.00
5.00	90.02	CLINIC - LAKESIDE	835,152	835,152	0	0	0	5.00
6.00	90.03	CLINIC - QUICKCARE	391,964	391,964	0	0	0	6.00
7.00	90.04	WOMEN'S HEALTH CLINIC	401,104	401,104	0	0	0	7.00
8.00	90.05	ORTHO CLINIC	119,351	119,351	0	0	0	8.00
9.00	91.00	EMERGENCY	1,257,862	0	1,257,862	0	0	9.00
10.00	93.00	BEHAVIOR HEALTH	71,612	47,927	23,685	0	0	10.00
200.00			4,829,238	3,504,691	1,324,547		0	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	90.00	CLINIC	0	0	0	0	0	3.00
4.00	90.01	PAIN MANAGEMENT	0	0	0	0	0	4.00
5.00	90.02	CLINIC - LAKESIDE	0	0	0	0	0	5.00
6.00	90.03	CLINIC - QUICKCARE	0	0	0	0	0	6.00
7.00	90.04	WOMEN'S HEALTH CLINIC	0	0	0	0	0	7.00
8.00	90.05	ORTHO CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	93.00	BEHAVIOR HEALTH	0	0	0	0	0	10.00
200.00			0	0	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	50.00	OPERATING ROOM	0	0	0	598,452		1.00
2.00	60.00	LABORATORY	0	0	0	0		2.00
3.00	90.00	CLINIC	0	0	0	16,671		3.00
4.00	90.01	PAIN MANAGEMENT	0	0	0	1,094,070		4.00
5.00	90.02	CLINIC - LAKESIDE	0	0	0	835,152		5.00
6.00	90.03	CLINIC - QUICKCARE	0	0	0	391,964		6.00
7.00	90.04	WOMEN'S HEALTH CLINIC	0	0	0	401,104		7.00
8.00	90.05	ORTHO CLINIC	0	0	0	119,351		8.00
9.00	91.00	EMERGENCY	0	0	0	0		9.00
10.00	93.00	BEHAVIOR HEALTH	0	0	0	47,927		10.00
200.00			0	0	0	3,504,691		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	650,047	650,047				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,358,602		1,358,602			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,774,310	2,293	4,792	5,781,395		4.00
5.01	00590	IS/ACCOUNTING/MARKETING	1,480,605	7,053	14,741	198,546	1,700,945	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	1,360,418	32,524	67,976	267,690	1,728,608	5.02
5.03	00592	OTHER A&G	4,650,492	11,834	24,733	678,782	5,365,841	5.03
7.00	00700	OPERATION OF PLANT	1,487,106	51,205	107,019	131,119	1,776,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	82,681	3,483	7,279	15,689	109,132	8.00
9.00	00900	HOUSEKEEPING	497,192	1,798	3,758	130,132	632,880	9.00
10.00	01000	DIETARY	553,462	14,235	29,751	116,097	713,545	10.00
11.00	01100	CAFETERIA	0	10,381	21,697	0	32,078	11.00
13.00	01300	NURSING ADMINISTRATION	452,289	7,197	15,042	110,278	584,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,658	10,180	21,277	45,311	246,426	14.00
15.00	01500	PHARMACY	1,544,536	7,403	15,473	131,117	1,698,529	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	397,603	6,826	14,267	112,410	531,106	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,715,075	87,882	183,674	1,009,356	4,995,987	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	216,093	1,020	2,132	30,551	249,796	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,505,006	93,649	195,722	374,889	2,169,266	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,611	2,318	4,845	13,542	143,316	52.00
53.00	05300	ANESTHESIOLOGY	1,164	2,138	4,469	0	7,771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,038,549	38,990	81,489	192,407	1,351,435	54.00
54.01	05401	ULTRASOUND	209,537	1,216	2,541	52,442	265,736	54.01
56.00	05600	RADIOISOTOPE	107,311	1,757	3,672	0	112,740	56.00
60.00	06000	LABORATORY	2,412,162	14,889	31,118	264,771	2,722,940	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	608,556	8,217	17,174	158,567	792,514	65.00
66.00	06600	PHYSICAL THERAPY	716,778	23,246	48,583	203,845	992,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	208,917	871	1,820	58,931	270,539	67.00
68.00	06800	SPEECH PATHOLOGY	89,155	752	1,572	25,087	116,566	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,150	855	1,787	0	7,792	70.00
70.01	07001	CARDIOPULMONARY	64,193	5,976	12,490	26,891	109,550	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,158,717	0	0	0	1,158,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	520,984	0	0	0	520,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-20,508	0	0	0	-20,508	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	2,208,736	59,263	123,860	507,992	2,899,851	88.00
90.00	09000	CLINIC	49,159	2,277	4,759	5,841	62,036	90.00
90.01	09001	PAIN MANAGEMENT	631,484	17,712	37,019	168,438	854,653	90.01
90.02	09002	CLINIC - LAKESIDE	463,189	23,184	48,454	70,275	605,102	90.02
90.03	09003	CLINIC - QUICKCARE	327,648	17,058	35,652	49,410	429,768	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	117,110	14,544	30,397	23,171	185,222	90.04
90.05	09005	ORTHO CLINIC	137,444	3,158	6,601	31,198	178,401	90.05
91.00	09100	EMERGENCY	2,302,836	33,168	69,322	274,106	2,679,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04950	BEHAVIOR HEALTH	364,519	14,941	31,226	60,958	471,644	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,740,576	635,493	1,328,183	5,539,839	39,454,047	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,266	6,827	0	10,093	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,841	11,288	23,592	0	128,721	192.00
192.01	19201	MSO CLINICS	682,185	0	0	126,223	808,408	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	10,883	0	0	25,877	36,760	194.03
194.04	07954	TH PAIN	379,347	0	0	89,456	468,803	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
202.00	TOTAL (sum lines 118 through 201)	40,906,832	650,047	1,358,602	5,781,395	40,906,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	IS/ACCOUNTING/ MARKETING	Subtotal	BUSINESS OFFICE & ADMITTING	Subtotal	OTHER A&G	
			5.01	5A.01	5.02	5A.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING	1,700,945					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	75,293	1,803,901	1,803,901			5.02
5.03	00592	OTHER A&G	233,730	5,599,571	0	5,599,571	5,599,571	5.03
7.00	00700	OPERATION OF PLANT	77,377	1,853,826	0	1,853,826	293,837	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,753	113,885	0	113,885	18,051	8.00
9.00	00900	HOUSEKEEPING	27,566	660,446	0	660,446	104,683	9.00
10.00	01000	DIETARY	31,080	744,625	0	744,625	118,025	10.00
11.00	01100	CAFETERIA	1,397	33,475	0	33,475	5,306	11.00
13.00	01300	NURSING ADMINISTRATION	25,472	610,278	0	610,278	96,731	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,734	257,160	16,120	273,280	43,316	14.00
15.00	01500	PHARMACY	73,983	1,772,512	111,108	1,883,620	298,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,133	554,239	0	554,239	87,849	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	217,610	5,213,597	326,821	5,540,418	878,186	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	10,880	260,676	16,340	277,016	43,908	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	94,487	2,263,753	141,901	2,405,654	381,303	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,242	149,558	9,375	158,933	25,191	52.00
53.00	05300	ANESTHESIOLOGY	338	8,109	508	8,617	1,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,864	1,410,299	88,403	1,498,702	237,549	54.00
54.01	05401	ULTRASOUND	11,575	277,311	17,383	294,694	46,710	54.01
56.00	05600	RADIOISOTOPE	4,911	117,651	7,375	125,026	19,817	56.00
60.00	06000	LABORATORY	118,603	2,841,543	178,119	3,019,662	478,625	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,520	827,034	51,842	878,876	139,304	65.00
66.00	06600	PHYSICAL THERAPY	43,228	1,035,680	64,921	1,100,601	174,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,784	282,323	17,697	300,020	47,554	67.00
68.00	06800	SPEECH PATHOLOGY	5,077	121,643	7,625	129,268	20,489	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	339	8,131	510	8,641	1,370	70.00
70.01	07001	CARDIOPULMONARY	4,772	114,322	7,166	121,488	19,256	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50,470	1,209,187	75,797	1,284,984	203,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,693	543,677	34,080	577,757	91,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	-20,508	0	-20,508	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	126,309	3,026,160	189,692	3,215,852	509,722	88.00
90.00	09000	CLINIC	2,702	64,738	4,058	68,796	10,904	90.00
90.01	09001	PAIN MANAGEMENT	37,226	891,879	55,907	947,786	150,227	90.01
90.02	09002	CLINIC - LAKESIDE	26,356	631,458	39,582	671,040	106,362	90.02
90.03	09003	CLINIC - QUICKCARE	18,719	448,487	28,113	476,600	75,543	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	8,068	193,290	12,116	205,406	32,557	90.04
90.05	09005	ORTHO CLINIC	7,771	186,172	11,670	197,842	31,359	90.05
91.00	09100	EMERGENCY	116,708	2,796,140	175,273	2,971,413	470,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
93.00	04950	BEHAVIOR HEALTH	20,543	492,187	30,852	523,039	82,903	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,645,313	39,398,415	1,720,354	39,314,868	5,347,239	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,093	0	10,093	1,600	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	128,721	0	128,721	20,403	192.00
192.01	19201	MSO CLINICS	35,212	843,620	52,881	896,501	142,098	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	36,760	0	36,760	5,827	194.03
194.04	07954	TH PAIN	20,420	489,223	30,666	519,889	82,404	194.04
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,700,945	40,906,832	1,803,901	40,906,832	5,599,571	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT	2,147,663					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,721	145,657				8.00
9.00	00900	HOUSEKEEPING	7,084	20,708	792,921			9.00
10.00	01000	DIETARY	56,081	1,395	20,908	941,034		10.00
11.00	01100	CAFETERIA	40,898	1,348	15,247	604,973	701,247	11.00
13.00	01300	NURSING ADMINISTRATION	28,355	0	10,571	0	13,281	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,107	0	14,952	0	7,969	14.00
15.00	01500	PHARMACY	29,167	0	10,874	0	18,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,893	0	10,026	0	21,250	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	346,226	32,520	129,078	179,520	151,406	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	4,019	1,122	1,498	0	5,312	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	368,940	17,845	137,546	12,667	77,031	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,134	2,894	3,405	0	2,656	52.00
53.00	05300	ANESTHESIOLOGY	8,423	0	3,140	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,607	16,824	57,267	0	39,844	54.00
54.01	05401	ULTRASOUND	4,790	0	1,786	0	13,281	54.01
56.00	05600	RADIOISOTOPE	6,921	0	2,580	0	0	56.00
60.00	06000	LABORATORY	58,658	0	21,869	0	58,437	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	32,374	3,035	12,069	0	34,531	65.00
66.00	06600	PHYSICAL THERAPY	91,580	8,624	34,142	0	23,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,430	0	1,279	0	5,312	67.00
68.00	06800	SPEECH PATHOLOGY	2,963	0	1,105	0	2,656	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,369	0	1,256	0	0	70.00
70.01	07001	CARDIOPULMONARY	23,544	0	8,778	0	2,656	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	233,476	0	87,043	0	39,844	88.00
90.00	09000	CLINIC	8,971	0	3,345	0	0	90.00
90.01	09001	PAIN MANAGEMENT	69,781	12,877	26,015	0	26,562	90.01
90.02	09002	CLINIC - LAKESIDE	91,336	0	34,051	0	21,250	90.02
90.03	09003	CLINIC - QUICKCARE	67,203	0	25,054	0	21,250	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	57,298	0	21,362	0	7,969	90.04
90.05	09005	ORTHO CLINIC	12,442	0	4,639	0	7,969	90.05
91.00	09100	EMERGENCY	130,672	26,465	48,716	0	55,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	58,861	0	21,944	15,610	7,969	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,090,324	145,657	771,545	812,770	666,716	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,868	0	4,797	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,471	0	16,579	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	15,937	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	128,264	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	10,625	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	0	194.03
194.04	07954	TH PAIN	0	0	0	0	7,969	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,147,663	145,657	792,921	941,034	701,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	
			13.00	14.00	15.00	16.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
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	759,216					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	379,624				14.00
15.00	01500	PHARMACY	0	1,842	2,242,656			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10	0	700,267		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	347,469	4,298	0	39,120	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	9,117	0	0	1,134	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	190,835	31,815	0	67,052	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,043	0	0	1,749	0	52.00
53.00	05300	ANESTHESIOLOGY	0	391	0	9,041	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,715	0	117,783	0	54.00
54.01	05401	ULTRASOUND	0	814	0	22,667	0	54.01
56.00	05600	RADIOISOTOPE	0	636	0	4,117	0	56.00
60.00	06000	LABORATORY	0	26,042	0	136,087	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,593	0	15,609	0	65.00
66.00	06600	PHYSICAL THERAPY	0	311	0	13,707	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	46	0	4,092	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	76	0	989	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	308	0	70.00
70.01	07001	CARDIOPULMONARY	6,357	563	0	1,421	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	204,704	0	73,506	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	89,666	0	6,432	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,242,656	34,682	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	1,649	0	22,112	0	88.00
90.00	09000	CLINIC	1,537	4	0	653	0	90.00
90.01	09001	PAIN MANAGEMENT	58,786	531	0	12,492	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	1,060	0	21,203	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	1,332	0	20,544	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	1,012	0	3,885	0	90.04
90.05	09005	ORTHO CLINIC	0	0	0	3,446	0	90.05
91.00	09100	EMERGENCY	121,231	499	0	62,805	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	2,297	1,031	0	3,627	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	741,672	378,640	2,242,656	700,267	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	354	0	0	0	192.00
192.01	19201	MSO CLINICS	0	630	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	0	194.03
194.04	07954	TH PAIN	17,544	0	0	0	0	194.04
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)	759,216	379,624	2,242,656	700,267	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part I | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	IS/ACCOUNTING/MARKETING					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING					5.02
5.03	00592	OTHER A&G					5.03
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
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	7,648,241	0	7,648,241		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
43.00	04300	NURSERY	343,126	0	343,126		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,690,688	0	3,690,688		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208,005	0	208,005		52.00
53.00	05300	ANESTHESIOLOGY	30,978	0	30,978		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,126,291	0	2,126,291		54.00
54.01	05401	ULTRASOUND	384,742	0	384,742		54.01
56.00	05600	RADIOISOTOPE	159,097	0	159,097		56.00
60.00	06000	LABORATORY	3,799,380	0	3,799,380		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	4	0	4		64.00
65.00	06500	RESPIRATORY THERAPY	1,121,391	0	1,121,391		65.00
66.00	06600	PHYSICAL THERAPY	1,447,320	0	1,447,320		66.00
67.00	06700	OCCUPATIONAL THERAPY	361,733	0	361,733		67.00
68.00	06800	SPEECH PATHOLOGY	157,546	0	157,546		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,944	0	14,944		70.00
70.01	07001	CARDIOPULMONARY	184,063	0	184,063		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,766,868	0	1,766,868		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	765,431	0	765,431		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,256,830	0	2,256,830		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	4,109,698	0	4,109,698		88.00
90.00	09000	CLINIC	94,210	0	94,210		90.00
90.01	09001	PAIN MANAGEMENT	1,305,057	0	1,305,057		90.01
90.02	09002	CLINIC - LAKESIDE	946,302	0	946,302		90.02
90.03	09003	CLINIC - QUICKCARE	687,526	0	687,526		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	329,489	0	329,489		90.04
90.05	09005	ORTHO CLINIC	257,697	0	257,697		90.05
91.00	09100	EMERGENCY	3,888,560	0	3,888,560		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
93.00	04950	BEHAVIOR HEALTH	717,281	0	717,281		93.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,802,498	0	38,802,498		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,358	0	29,358		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	210,528	0	210,528		192.00
192.01	19201	MSO CLINICS	1,055,166	0	1,055,166		192.01
192.03	19203	FPA	0	0	0		192.03
194.00	07950	MEALS ON WHEELS	128,264	0	128,264		194.00
194.01	07951	WELLNESS CLINIC	10,625	0	10,625		194.01
194.02	07952	OTHER (SPECIFY)	0	0	0		194.02
194.03	07953	NONREIMBURSABLE - OTHER	42,587	0	42,587		194.03
194.04	07954	TH PAIN	627,806	0	627,806		194.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	40,906,832	0	40,906,832		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,293	4,792	7,085	7,085	4.00
5.01	00590	IS/ACCOUNTING/MARKETING	0	7,053	14,741	21,794	243	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	0	32,524	67,976	100,500	328	5.02
5.03	00592	OTHER A&G	0	11,834	24,733	36,567	832	5.03
7.00	00700	OPERATION OF PLANT	0	51,205	107,019	158,224	161	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,483	7,279	10,762	19	8.00
9.00	00900	HOUSEKEEPING	0	1,798	3,758	5,556	159	9.00
10.00	01000	DIETARY	0	14,235	29,751	43,986	142	10.00
11.00	01100	CAFETERIA	0	10,381	21,697	32,078	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,197	15,042	22,239	135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,180	21,277	31,457	56	14.00
15.00	01500	PHARMACY	0	7,403	15,473	22,876	161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,826	14,267	21,093	138	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	87,882	183,674	271,556	1,238	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	1,020	2,132	3,152	37	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	93,649	195,722	289,371	459	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,318	4,845	7,163	17	52.00
53.00	05300	ANESTHESIOLOGY	0	2,138	4,469	6,607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,990	81,489	120,479	236	54.00
54.01	05401	ULTRASOUND	0	1,216	2,541	3,757	64	54.01
56.00	05600	RADIOISOTOPE	0	1,757	3,672	5,429	0	56.00
60.00	06000	LABORATORY	0	14,889	31,118	46,007	324	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,217	17,174	25,391	194	65.00
66.00	06600	PHYSICAL THERAPY	0	23,246	48,583	71,829	250	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	871	1,820	2,691	72	67.00
68.00	06800	SPEECH PATHOLOGY	0	752	1,572	2,324	31	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	855	1,787	2,642	0	70.00
70.01	07001	CARDIOPULMONARY	0	5,976	12,490	18,466	33	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	59,263	123,860	183,123	622	88.00
90.00	09000	CLINIC	0	2,277	4,759	7,036	7	90.00
90.01	09001	PAIN MANAGEMENT	0	17,712	37,019	54,731	206	90.01
90.02	09002	CLINIC - LAKESIDE	0	23,184	48,454	71,638	86	90.02
90.03	09003	CLINIC - QUICKCARE	0	17,058	35,652	52,710	61	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	14,544	30,397	44,941	28	90.04
90.05	09005	ORTHO CLINIC	0	3,158	6,601	9,759	38	90.05
91.00	09100	EMERGENCY	0	33,168	69,322	102,490	336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04950	BEHAVIOR HEALTH	0	14,941	31,226	46,167	75	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	635,493	1,328,183	1,963,676	6,788	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,266	6,827	10,093	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,288	23,592	34,880	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	155	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	32	194.03
194.04	07954	TH PAIN	0	0	0	0	110	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	650,047	1,358,602	2,008,649	7,085	202.00

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		Cost Center Description	IS/ACCOUNTING/ MARKETING	BUSINESS OFFICE & ADMITTING	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING	22,037					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	975	101,803				5.02
5.03	00592	OTHER A&G	3,037	0	40,436			5.03
7.00	00700	OPERATION OF PLANT	1,002	0	2,123	161,510		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62	0	130	1,032	12,005	8.00
9.00	00900	HOUSEKEEPING	357	0	756	533	1,707	9.00
10.00	01000	DIETARY	402	0	853	4,217	115	10.00
11.00	01100	CAFETERIA	18	0	38	3,076	111	11.00
13.00	01300	NURSING ADMINISTRATION	330	0	699	2,132	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	139	910	313	3,016	0	14.00
15.00	01500	PHARMACY	958	6,271	2,157	2,193	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	300	0	635	2,022	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,818	18,434	6,330	26,037	2,680	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	141	922	317	302	92	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,223	8,009	2,754	27,745	1,471	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81	529	182	687	239	52.00
53.00	05300	ANESTHESIOLOGY	4	29	10	633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	762	4,990	1,716	11,552	1,387	54.00
54.01	05401	ULTRASOUND	150	981	337	360	0	54.01
56.00	05600	RADIOISOTOPE	64	416	143	520	0	56.00
60.00	06000	LABORATORY	1,536	10,053	3,458	4,411	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	447	2,926	1,006	2,435	250	65.00
66.00	06600	PHYSICAL THERAPY	560	3,664	1,260	6,887	711	66.00
67.00	06700	OCCUPATIONAL THERAPY	153	999	344	258	0	67.00
68.00	06800	SPEECH PATHOLOGY	66	430	148	223	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4	29	10	253	0	70.00
70.01	07001	CARDIOPULMONARY	62	404	139	1,771	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	654	4,278	1,471	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	294	1,924	662	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	1,636	10,707	3,682	17,558	0	88.00
90.00	09000	CLINIC	35	229	79	675	0	90.00
90.01	09001	PAIN MANAGEMENT	482	3,155	1,085	5,248	1,061	90.01
90.02	09002	CLINIC - LAKESIDE	341	2,234	768	6,869	0	90.02
90.03	09003	CLINIC - QUICKCARE	242	1,587	546	5,054	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	104	684	235	4,309	0	90.04
90.05	09005	ORTHO CLINIC	101	659	227	936	0	90.05
91.00	09100	EMERGENCY	1,511	9,893	3,402	9,827	2,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	266	1,741	599	4,427	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,317	97,087	38,614	157,198	12,005	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12	968	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	147	3,344	0	192.00
192.01	19201	MSO CLINICS	456	2,985	1,026	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	42	0	0	194.03
194.04	07954	TH PAIN	264	1,731	595	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,037	101,803	40,436	161,510	12,005	202.00

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		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	9,068					9.00
10.00	01000	DIETARY	239	49,954				10.00
11.00	01100	CAFETERIA	174	32,114	67,609			11.00
13.00	01300	NURSING ADMINISTRATION	121	0	1,280	26,936		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	171	0	768	0	36,830	14.00
15.00	01500	PHARMACY	124	0	1,793	0	179	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115	0	2,049	0	1	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,476	9,530	14,600	12,327	417	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	17	0	512	323	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,574	672	7,427	6,771	3,086	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39	0	256	143	0	52.00
53.00	05300	ANESTHESIOLOGY	36	0	0	0	38	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	655	0	3,841	0	457	54.00
54.01	05401	ULTRASOUND	20	0	1,280	0	79	54.01
56.00	05600	RADIOISOTOPE	30	0	0	0	62	56.00
60.00	06000	LABORATORY	250	0	5,634	0	2,526	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	138	0	3,329	0	543	65.00
66.00	06600	PHYSICAL THERAPY	390	0	2,305	0	30	66.00
67.00	06700	OCCUPATIONAL THERAPY	15	0	512	0	4	67.00
68.00	06800	SPEECH PATHOLOGY	13	0	256	0	7	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	100	0	256	226	55	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	19,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	8,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	995	0	3,841	0	160	88.00
90.00	09000	CLINIC	38	0	0	55	0	90.00
90.01	09001	PAIN MANAGEMENT	298	0	2,561	2,086	51	90.01
90.02	09002	CLINIC - LAKESIDE	389	0	2,049	0	103	90.02
90.03	09003	CLINIC - QUICKCARE	287	0	2,049	0	129	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	244	0	768	0	98	90.04
90.05	09005	ORTHO CLINIC	53	0	768	0	0	90.05
91.00	09100	EMERGENCY	557	0	5,378	4,301	48	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	251	829	768	82	100	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,823	43,145	64,280	26,314	36,735	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	190	0	0	0	34	192.00
192.01	19201	MSO CLINICS	0	0	1,537	0	61	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	6,809	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	1,024	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	0	194.03
194.04	07954	TH PAIN	0	0	768	622	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,068	49,954	67,609	26,936	36,830	202.00

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		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	19.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
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	36,712					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,353				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,474		368,917	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		0	0	31.00
43.00	04300	NURSERY	0	43		5,858	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,527		353,089	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	66		9,402	0	52.00
53.00	05300	ANESTHESIOLOGY	0	341		7,698	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,439		150,514	0	54.00
54.01	05401	ULTRASOUND	0	854		7,882	0	54.01
56.00	05600	RADIOISOTOPE	0	155		6,819	0	56.00
60.00	06000	LABORATORY	0	5,090		79,289	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	588		37,247	0	65.00
66.00	06600	PHYSICAL THERAPY	0	517		88,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	154		5,202	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	37		3,535	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12		2,964	0	70.00
70.01	07001	CARDIOPULMONARY	0	54		21,566	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,771		29,037	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	242		11,821	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,712	1,307		38,019	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	833		223,157	0	88.00
90.00	09000	CLINIC	0	25		8,179	0	90.00
90.01	09001	PAIN MANAGEMENT	0	471		71,435	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	799		85,276	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	774		63,439	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	146		51,557	0	90.04
90.05	09005	ORTHO CLINIC	0	130		12,671	0	90.05
91.00	09100	EMERGENCY	0	2,367		142,291	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04950	BEHAVIOR HEALTH	0	137		55,442	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0		0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0		0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,712	26,353	0	1,940,709	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,128	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		38,595	0	192.00
192.01	19201	MSO CLINICS	0	0		6,220	0	192.01
192.03	19203	FPA	0	0		0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0		6,809	0	194.00
194.01	07951	WELLNESS CLINIC	0	0		1,024	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0		0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0		74	0	194.03
194.04	07954	TH PAIN	0	0		4,090	0	194.04
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)	36,712	26,353	0	2,008,649	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B Part II Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	IS/ACCOUNTING/MARKETING			5.01
5.02	00591	BUSINESS OFFICE & ADMITTING			5.02
5.03	00592	OTHER A&G			5.03
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
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	368,917		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
43.00	04300	NURSERY	5,858		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	353,089		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,402		52.00
53.00	05300	ANESTHESIOLOGY	7,698		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,514		54.00
54.01	05401	ULTRASOUND	7,882		54.01
56.00	05600	RADIOISOTOPE	6,819		56.00
60.00	06000	LABORATORY	79,289		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	37,247		65.00
66.00	06600	PHYSICAL THERAPY	88,403		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,202		67.00
68.00	06800	SPEECH PATHOLOGY	3,535		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,964		70.00
70.01	07001	CARDIOPULMONARY	21,566		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,037		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,821		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,019		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		77.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	223,157		88.00
90.00	09000	CLINIC	8,179		90.00
90.01	09001	PAIN MANAGEMENT	71,435		90.01
90.02	09002	CLINIC - LAKESIDE	85,276		90.02
90.03	09003	CLINIC - QUICKCARE	63,439		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	51,557		90.04
90.05	09005	ORTHO CLINIC	12,671		90.05
91.00	09100	EMERGENCY	142,291		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	BEHAVIOR HEALTH	55,442		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		102.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,940,709		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,128		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	38,595		192.00
192.01	19201	MSO CLINICS	6,220		192.01
192.03	19203	FPA	0		192.03
194.00	07950	MEALS ON WHEELS	6,809		194.00
194.01	07951	WELLNESS CLINIC	1,024		194.01
194.02	07952	OTHER (SPECIFY)	0		194.02
194.03	07953	NONREIMBURSABLE - OTHER	74		194.03
194.04	07954	TH PAIN	4,090		194.04
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,008,649		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	Reconciliation	IS/ACCOUNTING/ MARKETING (ACCUM. COST)	
			1.00	2.00	4.00	5A.01	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	126,175					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		126,175				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	445	445	20,355,122			4.00
5.01	00590	IS/ACCOUNTING/MARKETING	1,369	1,369	699,039	-1,700,945	39,050,821	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	6,313	6,313	942,480	0	1,728,608	5.02
5.03	00592	OTHER A&G	2,297	2,297	2,389,850	0	5,365,841	5.03
7.00	00700	OPERATION OF PLANT	9,939	9,939	461,641	0	1,776,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	676	676	55,238	0	109,132	8.00
9.00	00900	HOUSEKEEPING	349	349	458,168	0	632,880	9.00
10.00	01000	DIETARY	2,763	2,763	408,753	0	713,545	10.00
11.00	01100	CAFETERIA	2,015	2,015	0	0	32,078	11.00
13.00	01300	NURSING ADMINISTRATION	1,397	1,397	388,267	0	584,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976	1,976	159,531	0	246,426	14.00
15.00	01500	PHARMACY	1,437	1,437	461,636	0	1,698,529	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,325	1,325	395,773	0	531,106	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,058	17,058	3,553,767	0	4,995,987	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	198	198	107,562	0	249,796	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,177	18,177	1,319,905	0	2,169,266	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	450	450	47,679	0	143,316	52.00
53.00	05300	ANESTHESIOLOGY	415	415	0	0	7,771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,568	7,568	677,424	0	1,351,435	54.00
54.01	05401	ULTRASOUND	236	236	184,638	0	265,736	54.01
56.00	05600	RADIOISOTOPE	341	341	0	0	112,740	56.00
60.00	06000	LABORATORY	2,890	2,890	932,204	0	2,722,940	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,595	1,595	558,283	0	792,514	65.00
66.00	06600	PHYSICAL THERAPY	4,512	4,512	717,695	0	992,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	169	207,484	0	270,539	67.00
68.00	06800	SPEECH PATHOLOGY	146	146	88,327	0	116,566	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166	166	0	0	7,792	70.00
70.01	07001	CARDIOPULMONARY	1,160	1,160	94,676	0	109,550	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,158,717	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	520,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,508	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	11,503	11,503	1,788,533	0	2,899,851	88.00
90.00	09000	CLINIC	442	442	20,565	0	62,036	90.00
90.01	09001	PAIN MANAGEMENT	3,438	3,438	593,036	0	854,653	90.01
90.02	09002	CLINIC - LAKESIDE	4,500	4,500	247,425	0	605,102	90.02
90.03	09003	CLINIC - QUICKCARE	3,311	3,311	173,963	0	429,768	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	2,823	2,823	81,582	0	185,222	90.04
90.05	09005	ORTHO CLINIC	613	613	109,841	0	178,401	90.05
91.00	09100	EMERGENCY	6,438	6,438	965,069	0	2,679,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	2,900	2,900	214,620	0	471,644	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	123,350	123,350	19,504,654	-1,680,437	37,773,610	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	634	634	0	-10,093	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,191	2,191	0	-128,721	0	192.00
192.01	19201	MSO CLINICS	0	0	444,405	0	808,408	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	91,107	-36,760	0	194.03
194.04	07954	TH PAIN	0	0	314,956	0	468,803	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	Reconciliation	IS/ACCOUNTING/ MARKETING (ACCUM. COST)	
			1.00	2.00	4.00	5A.01	5.01	
202.00		Cost to be allocated (per Wkst. B, Part I)	650,047	1,358,602	5,781,395		1,700,945	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.151948	10.767601	0.284027		0.043557	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,085		22,037	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000348		0.000564	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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Reconciliation	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	-1,803,901	28,777,520				5.02
5.03	00592	OTHER A&G	-5,599,571	0	-5,599,571	35,327,769		5.03
7.00	00700	OPERATION OF PLANT	-1,853,826	0	0	1,853,826	105,812	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-113,885	0	0	113,885	676	8.00
9.00	00900	HOUSEKEEPING	-660,446	0	0	660,446	349	9.00
10.00	01000	DIETARY	-744,625	0	0	744,625	2,763	10.00
11.00	01100	CAFETERIA	-33,475	0	0	33,475	2,015	11.00
13.00	01300	NURSING ADMINISTRATION	-610,278	0	0	610,278	1,397	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	257,160	0	273,280	1,976	14.00
15.00	01500	PHARMACY	0	1,772,512	0	1,883,620	1,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-554,239	0	0	554,239	1,325	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,213,597	0	5,540,418	17,058	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	260,676	0	277,016	198	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,263,753	0	2,405,654	18,177	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	149,558	0	158,933	450	52.00
53.00	05300	ANESTHESIOLOGY	0	8,109	0	8,617	415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,410,299	0	1,498,702	7,568	54.00
54.01	05401	ULTRASOUND	0	277,311	0	294,694	236	54.01
56.00	05600	RADIOISOTOPE	0	117,651	0	125,026	341	56.00
60.00	06000	LABORATORY	0	2,841,543	0	3,019,662	2,890	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	827,034	0	878,876	1,595	65.00
66.00	06600	PHYSICAL THERAPY	0	1,035,680	0	1,100,601	4,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	282,323	0	300,020	169	67.00
68.00	06800	SPEECH PATHOLOGY	0	121,643	0	129,268	146	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,131	0	8,641	166	70.00
70.01	07001	CARDIOPULMONARY	0	114,322	0	121,488	1,160	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,209,187	0	1,284,984	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	543,677	0	577,757	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,508	0	20,508	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	3,026,160	0	3,215,852	11,503	88.00
90.00	09000	CLINIC	0	64,738	0	68,796	442	90.00
90.01	09001	PAIN MANAGEMENT	0	891,879	0	947,786	3,438	90.01
90.02	09002	CLINIC - LAKESIDE	0	631,458	0	671,040	4,500	90.02
90.03	09003	CLINIC - QUICKCARE	0	448,487	0	476,600	3,311	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	193,290	0	205,406	2,823	90.04
90.05	09005	ORTHO CLINIC	0	186,172	0	197,842	613	90.05
91.00	09100	EMERGENCY	0	2,796,140	0	2,971,413	6,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	492,187	0	523,039	2,900	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,953,738	27,444,677	-5,579,063	33,735,805	102,987	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-10,093	0	0	10,093	634	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-128,721	0	0	128,721	2,191	192.00
192.01	19201	MSO CLINICS	0	843,620	0	896,501	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	-36,760	0	0	36,760	0	194.03
194.04	07954	TH PAIN	0	489,223	0	519,889	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		1,803,901		5,599,571	2,147,663	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	Reconciliation	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	7.00	
203.00		Unit cost multiplier (Wkst. B, Part I)		0.062684		0.158503	20.296970	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		101,803		40,436	161,510	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.003538		0.001145	1.526386	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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	166,484					8.00
9.00	00900	HOUSEKEEPING	23,669	104,787				9.00
10.00	01000	DIETARY	1,594	2,763	49,552			10.00
11.00	01100	CAFETERIA	1,541	2,015	31,856	264		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,397	0	5	273,630	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,976	0	3	0	14.00
15.00	01500	PHARMACY	0	1,437	0	7	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,325	0	8	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,170	17,058	9,453	57	125,232	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	1,282	198	0	2	3,286	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,397	18,177	667	29	68,779	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,308	450	0	1	1,457	52.00
53.00	05300	ANESTHESIOLOGY	0	415	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,230	7,568	0	15	0	54.00
54.01	05401	ULTRASOUND	0	236	0	5	0	54.01
56.00	05600	RADIOISOTOPE	0	341	0	0	0	56.00
60.00	06000	LABORATORY	0	2,890	0	22	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,469	1,595	0	13	0	65.00
66.00	06600	PHYSICAL THERAPY	9,857	4,512	0	9	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	169	0	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	146	0	1	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	166	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	1,160	0	1	2,291	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	11,503	0	15	0	88.00
90.00	09000	CLINIC	0	442	0	0	554	90.00
90.01	09001	PAIN MANAGEMENT	14,718	3,438	0	10	21,187	90.01
90.02	09002	CLINIC - LAKESIDE	0	4,500	0	8	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	3,311	0	8	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	2,823	0	3	0	90.04
90.05	09005	ORTHO CLINIC	0	613	0	3	0	90.05
91.00	09100	EMERGENCY	30,249	6,438	0	21	43,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	2,900	822	3	828	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,484	101,962	42,798	251	267,307	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	634	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,191	0	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	6	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	6,754	0	0	194.00
194.01	07951	WELLNESS CLINIC	0	0	0	4	0	194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	0	194.03
194.04	07954	TH PAIN	0	0	0	3	6,323	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	145,657	792,921	941,034	701,247	759,216	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.874901	7.566979	18.990838	2,656.238636	2.774608	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,005	9,068	49,954	67,609	26,936	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.072109	0.086537	1.008113	256.094697	0.098439	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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			14.00	15.00	16.00	19.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
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	2,205,727					14.00
15.00	01500	PHARMACY	10,704	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61	0	136,062,889			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,973	0	7,600,504	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
43.00	04300	NURSERY	0	0	220,242	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	184,853	0	13,027,471	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	339,841	0		52.00
53.00	05300	ANESTHESIOLOGY	2,274	0	1,756,492	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,393	0	22,883,910	0		54.00
54.01	05401	ULTRASOUND	4,728	0	4,403,918	0		54.01
56.00	05600	RADIOISOTOPE	3,693	0	799,827	0		56.00
60.00	06000	LABORATORY	151,311	0	26,449,110	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	843	0		64.00
65.00	06500	RESPIRATORY THERAPY	32,499	0	3,032,565	0		65.00
66.00	06600	PHYSICAL THERAPY	1,809	0	2,663,150	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	267	0	795,037	0		67.00
68.00	06800	SPEECH PATHOLOGY	439	0	192,068	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	59,914	0		70.00
70.01	07001	CARDIOPULMONARY	3,272	0	276,180	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,189,397	0	14,281,395	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	520,984	0	1,249,649	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	6,738,371	0		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	9,580	0	4,296,139	0		88.00
90.00	09000	CLINIC	24	0	126,861	0		90.00
90.01	09001	PAIN MANAGEMENT	3,083	0	2,426,986	0		90.01
90.02	09002	CLINIC - LAKESIDE	6,161	0	4,119,510	0		90.02
90.03	09003	CLINIC - QUICKCARE	7,738	0	3,991,440	0		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	5,880	0	754,843	0		90.04
90.05	09005	ORTHO CLINIC	0	0	669,571	0		90.05
91.00	09100	EMERGENCY	2,898	0	12,202,307	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	5,990	0	704,745	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,200,011	100	136,062,889	0		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,054	0	0	0		192.00
192.01	19201	MSO CLINICS	3,662	0	0	0		192.01
192.03	19203	FPA	0	0	0	0		192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0		194.00
194.01	07951	WELLNESS CLINIC	0	0	0	0		194.01
194.02	07952	OTHER (SPECIFY)	0	0	0	0		194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0		194.03
194.04	07954	TH PAIN	0	0	0	0		194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	379,624	2,242,656	700,267	0		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet B-1 | Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.172108	22,426.560000	0.005147	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	36,830	36,712	26,353	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.016697	367.120000	0.000194	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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | 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	7,648,241		7,648,241	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
43.00	04300	NURSERY	343,126		343,126	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,690,688		3,690,688	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208,005		208,005	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,978		30,978	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,126,291		2,126,291	0	0	54.00
54.01	05401	ULTRASOUND	384,742		384,742	0	0	54.01
56.00	05600	RADIOISOTOPE	159,097		159,097	0	0	56.00
60.00	06000	LABORATORY	3,799,380		3,799,380	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4		4	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,121,391	0	1,121,391	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,447,320	0	1,447,320	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	361,733	0	361,733	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	157,546	0	157,546	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,944		14,944	0	0	70.00
70.01	07001	CARDIOPULMONARY	184,063		184,063	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,766,868		1,766,868	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	765,431		765,431	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,256,830		2,256,830	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	4,109,698		4,109,698	0	0	88.00
90.00	09000	CLINIC	94,210		94,210	0	0	90.00
90.01	09001	PAIN MANAGEMENT	1,305,057		1,305,057	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	946,302		946,302	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	687,526		687,526	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	329,489		329,489	0	0	90.04
90.05	09005	ORTHO CLINIC	257,697		257,697	0	0	90.05
91.00	09100	EMERGENCY	3,888,560		3,888,560	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,841,265		3,841,265		0	92.00
93.00	04950	BEHAVIOR HEALTH	717,281		717,281	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
200.00		Subtotal (see instructions)	42,643,763	0	42,643,763	0	0	200.00
201.00		Less Observation Beds	3,841,265		3,841,265		0	201.00
202.00		Total (see instructions)	38,802,498	0	38,802,498	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,388,382		3,388,382			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	220,242		220,242			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	512,487	12,514,984	13,027,471	0.283300	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	198,292	141,549	339,841	0.612066	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	193,460	1,563,032	1,756,492	0.017636	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	483,343	22,400,567	22,883,910	0.092916	0.000000	54.00
54.01	05401	ULTRASOUND	138,267	4,265,651	4,403,918	0.087364	0.000000	54.01
56.00	05600	RADIOISOTOPE	13,448	786,379	799,827	0.198914	0.000000	56.00
60.00	06000	LABORATORY	1,376,655	25,072,455	26,449,110	0.143649	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	843	0	843	0.004745	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	613,698	2,418,867	3,032,565	0.369783	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	89,254	2,573,896	2,663,150	0.543462	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,382	758,655	795,037	0.454989	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,781	188,287	192,068	0.820262	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,099	56,815	59,914	0.249424	0.000000	70.00
70.01	07001	CARDIOPULMONARY	0	276,180	276,180	0.666460	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,242,719	13,038,676	14,281,395	0.123718	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	121,720	1,127,929	1,249,649	0.612517	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,237,051	5,501,320	6,738,371	0.334922	0.000000	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	4,296,139	0	4,296,139			88.00
90.00	09000	CLINIC	0	126,861	126,861	0.742624	0.000000	90.00
90.01	09001	PAIN MANAGEMENT	851	2,426,135	2,426,986	0.537727	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	26	4,119,484	4,119,510	0.229712	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	22	3,991,418	3,991,440	0.172250	0.000000	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	999	753,844	754,843	0.436500	0.000000	90.04
90.05	09005	ORTHO CLINIC	0	669,571	669,571	0.384869	0.000000	90.05
91.00	09100	EMERGENCY	201,044	12,001,263	12,202,307	0.318674	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	90,679	4,121,443	4,212,122	0.911955	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	53,864	650,881	704,745	1.017788	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	14,516,747	121,546,142	136,062,889			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	14,516,747	121,546,142	136,062,889			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 am

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		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
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	05401	ULTRASOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	CARDIOPULMONARY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PAIN MANAGEMENT	0.000000		90.01
90.02	09002	CLINIC - LAKESIDE	0.000000		90.02
90.03	09003	CLINIC - QUICKCARE	0.000000		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.000000		90.04
90.05	09005	ORTHO CLINIC	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	BEHAVIOR HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 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	7,648,241		7,648,241	0	7,648,241	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
43.00	04300	NURSERY	343,126		343,126	0	343,126	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,690,688		3,690,688	0	3,690,688	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	208,005		208,005	0	208,005	52.00
53.00	05300	ANESTHESIOLOGY	30,978		30,978	0	30,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,126,291		2,126,291	0	2,126,291	54.00
54.01	05401	ULTRASOUND	384,742		384,742	0	384,742	54.01
56.00	05600	RADIOISOTOPE	159,097		159,097	0	159,097	56.00
60.00	06000	LABORATORY	3,799,380		3,799,380	0	3,799,380	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4		4	0	4	64.00
65.00	06500	RESPIRATORY THERAPY	1,121,391	0	1,121,391	0	1,121,391	65.00
66.00	06600	PHYSICAL THERAPY	1,447,320	0	1,447,320	0	1,447,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	361,733	0	361,733	0	361,733	67.00
68.00	06800	SPEECH PATHOLOGY	157,546	0	157,546	0	157,546	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,944		14,944	0	14,944	70.00
70.01	07001	CARDIOPULMONARY	184,063		184,063	0	184,063	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,766,868		1,766,868	0	1,766,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	765,431		765,431	0	765,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,256,830		2,256,830	0	2,256,830	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	4,109,698		4,109,698	0	4,109,698	88.00
90.00	09000	CLINIC	94,210		94,210	0	94,210	90.00
90.01	09001	PAIN MANAGEMENT	1,305,057		1,305,057	0	1,305,057	90.01
90.02	09002	CLINIC - LAKESIDE	946,302		946,302	0	946,302	90.02
90.03	09003	CLINIC - QUICKCARE	687,526		687,526	0	687,526	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	329,489		329,489	0	329,489	90.04
90.05	09005	ORTHO CLINIC	257,697		257,697	0	257,697	90.05
91.00	09100	EMERGENCY	3,888,560		3,888,560	0	3,888,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,841,265		3,841,265		3,841,265	92.00
93.00	04950	BEHAVIOR HEALTH	717,281		717,281	0	717,281	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
200.00		Subtotal (see instructions)	42,643,763	0	42,643,763	0	42,643,763	200.00
201.00		Less Observation Beds	3,841,265		3,841,265		3,841,265	201.00
202.00		Total (see instructions)	38,802,498	0	38,802,498	0	38,802,498	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,388,382		3,388,382			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	220,242		220,242			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	512,487	12,514,984	13,027,471	0.283300	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	198,292	141,549	339,841	0.612066	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	193,460	1,563,032	1,756,492	0.017636	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	483,343	22,400,567	22,883,910	0.092916	0.000000	54.00
54.01	05401	ULTRASOUND	138,267	4,265,651	4,403,918	0.087364	0.000000	54.01
56.00	05600	RADIOISOTOPE	13,448	786,379	799,827	0.198914	0.000000	56.00
60.00	06000	LABORATORY	1,376,655	25,072,455	26,449,110	0.143649	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	843	0	843	0.004745	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	613,698	2,418,867	3,032,565	0.369783	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	89,254	2,573,896	2,663,150	0.543462	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,382	758,655	795,037	0.454989	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,781	188,287	192,068	0.820262	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,099	56,815	59,914	0.249424	0.000000	70.00
70.01	07001	CARDIOPULMONARY	0	276,180	276,180	0.666460	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,242,719	13,038,676	14,281,395	0.123718	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	121,720	1,127,929	1,249,649	0.612517	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,237,051	5,501,320	6,738,371	0.334922	0.000000	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	4,296,139	0	4,296,139	0.956603	0.000000	88.00
90.00	09000	CLINIC	0	126,861	126,861	0.742624	0.000000	90.00
90.01	09001	PAIN MANAGEMENT	851	2,426,135	2,426,986	0.537727	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	26	4,119,484	4,119,510	0.229712	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	22	3,991,418	3,991,440	0.172250	0.000000	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	999	753,844	754,843	0.436500	0.000000	90.04
90.05	09005	ORTHO CLINIC	0	669,571	669,571	0.384869	0.000000	90.05
91.00	09100	EMERGENCY	201,044	12,001,263	12,202,307	0.318674	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	90,679	4,121,443	4,212,122	0.911955	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	53,864	650,881	704,745	1.017788	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0			102.00
200.00		Subtotal (see instructions)	14,516,747	121,546,142	136,062,889			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	14,516,747	121,546,142	136,062,889			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet C Part I Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
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	05401	ULTRASOUND	0.000000	54.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	07001	CARDIOPULMONARY	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PAIN MANAGEMENT	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	0.000000	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.000000	90.04
90.05	09005	ORTHO CLINIC	0.000000	90.05
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part II Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	353,089	13,027,471	0.027103	103,103	2,794	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,402	339,841	0.027666	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,698	1,756,492	0.004383	21,077	92	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,514	22,883,910	0.006577	180,198	1,185	54.00
54.01	05401	ULTRASOUND	7,882	4,403,918	0.001790	101,120	181	54.01
56.00	05600	RADIOISOTOPE	6,819	799,827	0.008526	8,408	72	56.00
60.00	06000	LABORATORY	79,289	26,449,110	0.002998	587,774	1,762	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	843	0.000000	843	0	64.00
65.00	06500	RESPIRATORY THERAPY	37,247	3,032,565	0.012282	205,625	2,525	65.00
66.00	06600	PHYSICAL THERAPY	88,403	2,663,150	0.033195	39,926	1,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,202	795,037	0.006543	9,619	63	67.00
68.00	06800	SPEECH PATHOLOGY	3,535	192,068	0.018405	2,959	54	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,964	59,914	0.049471	2,066	102	70.00
70.01	07001	CARDIOPULMONARY	21,566	276,180	0.078087	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,037	14,281,395	0.002033	297,512	605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,821	1,249,649	0.009459	11,674	110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,019	6,738,371	0.005642	642,319	3,624	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	223,157	4,296,139	0.051944	0	0	88.00
90.00	09000	CLINIC	8,179	126,861	0.064472	0	0	90.00
90.01	09001	PAIN MANAGEMENT	71,435	2,426,986	0.029434	48	1	90.01
90.02	09002	CLINIC - LAKESIDE	85,276	4,119,510	0.020701	26	1	90.02
90.03	09003	CLINIC - QUICKCARE	63,439	3,991,440	0.015894	22	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	51,557	754,843	0.068302	0	0	90.04
90.05	09005	ORTHO CLINIC	12,671	669,571	0.018924	0	0	90.05
91.00	09100	EMERGENCY	142,291	12,202,307	0.011661	15,248	178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	185,287	4,212,122	0.043989	960	42	92.00
93.00	04950	BEHAVIOR HEALTH	55,442	704,745	0.078670	0	0	93.00
200.00		Total (lines 50 through 199)	1,751,221	132,454,265		2,230,527	14,716	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0	0	0	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	0	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	0	0	0	0	90.04
90.05	09005	ORTHO CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	13,027,471	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	339,841	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,756,492	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	22,883,910	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	4,403,918	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	799,827	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	26,449,110	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	843	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,032,565	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,663,150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	795,037	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	192,068	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	59,914	0.000000	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	276,180	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,281,395	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,249,649	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,738,371	0.000000	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	4,296,139	0.000000	88.00
90.00	09000	CLINIC	0	0	0	126,861	0.000000	90.00
90.01	09001	PAIN MANAGEMENT	0	0	0	2,426,986	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	0	4,119,510	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	0	3,991,440	0.000000	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	0	0	754,843	0.000000	90.04
90.05	09005	ORTHO CLINIC	0	0	0	669,571	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	12,202,307	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,212,122	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	0	704,745	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	132,454,265		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part IV Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		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	103,103	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	21,077	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	180,198	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	101,120	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	8,408	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	587,774	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	843	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	205,625	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	39,926	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	9,619	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	2,959	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,066	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	297,512	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	11,674	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	642,319	0	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.000000	48	0	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.000000	26	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.000000	22	0	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ORTHO CLINIC	0.000000	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	15,248	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	960	0	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		2,230,527	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.283300	0	6,343,868	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612066	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017636	0	370,451	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092916	0	5,534,618	0	0	54.00
54.01	05401	ULTRASOUND	0.087364	0	876,862	0	0	54.01
56.00	05600	RADIOISOTOPE	0.198914	0	274,560	0	0	56.00
60.00	06000	LABORATORY	0.143649	0	5,536,762	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.004745	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369783	0	536,360	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.543462	0	742,527	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.454989	0	208,969	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.820262	0	9,949	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249424	0	26,492	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.666460	0	225,846	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.123718	0	1,474,241	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.612517	0	498,655	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.334922	0	2,043,018	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.742624	0	125,787	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.537727	0	814,563	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.229712	0	65,733	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.172250	0	54,121	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.436500	0	13,604	0	0	90.04
90.05	09005	ORTHO CLINIC	0.384869	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.318674	0	2,623,241	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911955	0	1,045,690	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	1.017788	0	647,447	0	0	93.00
200.00		Subtotal (see instructions)		0	30,093,364	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	30,093,364	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,797,218	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,533	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	514,255	0	54.00
54.01	05401	ULTRASOUND	76,606	0	54.01
56.00	05600	RADIOISOTOPE	54,614	0	56.00
60.00	06000	LABORATORY	795,350	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	198,337	0	65.00
66.00	06600	PHYSICAL THERAPY	403,535	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,079	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,161	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,608	0	70.00
70.01	07001	CARDIOPULMONARY	150,517	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	182,390	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	305,435	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	684,252	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	93,412	0	90.00
90.01	09001	PAIN MANAGEMENT	438,013	0	90.01
90.02	09002	CLINIC - LAKESIDE	15,100	0	90.02
90.03	09003	CLINIC - QUICKCARE	9,322	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	5,938	0	90.04
90.05	09005	ORTHO CLINIC	0	0	90.05
91.00	09100	EMERGENCY	835,959	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	953,622	0	92.00
93.00	04950	BEHAVIOR HEALTH	658,964	0	93.00
200.00		Subtotal (see instructions)	8,289,220	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	8,289,220	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.283300	0	205,379	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612066	0	881	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017636	0	46,963	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092916	0	514,398	0	0	54.00
54.01	05401	ULTRASOUND	0.087364	0	68,314	0	0	54.01
56.00	05600	RADIOISOTOPE	0.198914	0	6,651	0	0	56.00
60.00	06000	LABORATORY	0.143649	0	560,651	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.004745	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369783	0	31,986	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.543462	0	48,095	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.454989	0	18,606	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.820262	0	9,177	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249424	0	1,033	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.666460	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.123718	0	108,268	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.612517	0	55,431	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.334922	0	67,979	0	0	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
90.00	09000	CLINIC	0.742624	0	1,074	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.537727	0	12,618	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.229712	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.172250	0	0	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.436500	0	0	0	0	90.04
90.05	09005	ORTHO CLINIC	0.384869	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.318674	0	496,142	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911955	0	121,080	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	1.017788	0	3,434	0	0	93.00
200.00		Subtotal (see instructions)		0	2,378,160	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	2,378,160	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D Part V Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	58,184	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	539	0		52.00
53.00	05300	ANESTHESIOLOGY	828	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,796	0		54.00
54.01	05401	ULTRASOUND	5,968	0		54.01
56.00	05600	RADIOISOTOPE	1,323	0		56.00
60.00	06000	LABORATORY	80,537	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	11,828	0		65.00
66.00	06600	PHYSICAL THERAPY	26,138	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	8,466	0		67.00
68.00	06800	SPEECH PATHOLOGY	7,528	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	258	0		70.00
70.01	07001	CARDIOPULMONARY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,395	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,952	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,768	0		73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
90.00	09000	CLINIC	798	0		90.00
90.01	09001	PAIN MANAGEMENT	6,785	0		90.01
90.02	09002	CLINIC - LAKESIDE	0	0		90.02
90.03	09003	CLINIC - QUICKCARE	0	0		90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0	0		90.04
90.05	09005	ORTHO CLINIC	0	0		90.05
91.00	09100	EMERGENCY	158,108	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	110,420	0		92.00
93.00	04950	BEHAVIOR HEALTH	3,495	0		93.00
200.00		Subtotal (see instructions)	599,114	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	599,114	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,034	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)	1,441	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	135	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	29	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)	728	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)	135	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	231.10	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)	7,648,241	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	6,702	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)	332,233	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,316,008	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)	7,316,008	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	2,411.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,755,456	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)	1,755,456	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | 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)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	511,177	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)	0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)	2,266,633	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	325,531	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	325,531	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)	1,593	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,411.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,841,265	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

	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	368,917	7,648,241	0.048236	3,841,265	185,287	90.00
91.00	Nursing Program cost	0	7,648,241	0.000000	3,841,265	0	91.00
92.00	Allied health cost	0	7,648,241	0.000000	3,841,265	0	92.00
93.00	All other Medical Education	0	7,648,241	0.000000	3,841,265	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,198	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,034	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)	1,441	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	135	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	163	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)	162	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)	34	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)	213	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		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)	7,648,241	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	325,817	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,322,424	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)	7,322,424	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	2,413.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	390,981	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)	390,981	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/17/2023 9:42 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)	343,126	213	1,610.92	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	73,318	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)	464,299	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
55.01	Permanent adjustment amount per discharge	0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)	0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)	0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)	0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	82,058	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	82,058	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)	1,593	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,413.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,844,642	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-1 | Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

	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	368,917	7,648,241	0.048236	3,844,642	185,450	90.00
91.00	Nursing Program cost	0	7,648,241	0.000000	3,844,642	0	91.00
92.00	Allied health cost	0	7,648,241	0.000000	3,844,642	0	92.00
93.00	All other Medical Education	0	7,648,241	0.000000	3,844,642	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,759,247		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.283300	103,103	29,209	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017636	21,077	372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092916	180,198	16,743	54.00
54.01	05401	ULTRASOUND	0.087364	101,120	8,834	54.01
56.00	05600	RADIOISOTOPE	0.198914	8,408	1,672	56.00
60.00	06000	LABORATORY	0.143649	587,774	84,433	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.004745	843	4	64.00
65.00	06500	RESPIRATORY THERAPY	0.369783	205,625	76,037	65.00
66.00	06600	PHYSICAL THERAPY	0.543462	39,926	21,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.454989	9,619	4,377	67.00
68.00	06800	SPEECH PATHOLOGY	0.820262	2,959	2,427	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249424	2,066	515	70.00
70.01	07001	CARDIOPULMONARY	0.666460	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.123718	297,512	36,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.612517	11,674	7,151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.334922	642,319	215,127	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.742624	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.537727	48	26	90.01
90.02	09002	CLINIC - LAKESIDE	0.229712	26	6	90.02
90.03	09003	CLINIC - QUICKCARE	0.172250	22	4	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.436500	0	0	90.04
90.05	09005	ORTHO CLINIC	0.384869	0	0	90.05
91.00	09100	EMERGENCY	0.318674	15,248	4,859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911955	960	875	92.00
93.00	04950	BEHAVIOR HEALTH	1.017788	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,230,527	511,177	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,230,527		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.283300	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017636	318	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092916	2,708	252	54.00
54.01	05401	ULTRASOUND	0.087364	978	85	54.01
56.00	05600	RADIOISOTOPE	0.198914	0	0	56.00
60.00	06000	LABORATORY	0.143649	34,202	4,913	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.004745	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369783	14,928	5,520	65.00
66.00	06600	PHYSICAL THERAPY	0.543462	25,632	13,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.454989	21,253	9,670	67.00
68.00	06800	SPEECH PATHOLOGY	0.820262	638	523	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249424	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.666460	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.123718	15,698	1,942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.612517	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.334922	29,313	9,818	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.742624	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.537727	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.229712	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.172250	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.436500	0	0	90.04
90.05	09005	ORTHO CLINIC	0.384869	0	0	90.05
91.00	09100	EMERGENCY	0.318674	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911955	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	1.017788	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		145,668	46,659	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)		145,668		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet D-3 | Date/Time Prepared: 5/17/2023 9:42 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		80,920		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY		18,612		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.283300	5,574	1,579	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.612066	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017636	3,234	57	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092916	29,724	2,762	54.00
54.01	05401	ULTRASOUND	0.087364	4,336	379	54.01
56.00	05600	RADIOISOTOPE	0.198914	0	0	56.00
60.00	06000	LABORATORY	0.143649	49,465	7,106	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.004745	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369783	21,623	7,996	65.00
66.00	06600	PHYSICAL THERAPY	0.543462	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.454989	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.820262	184	151	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249424	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.666460	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.123718	38,654	4,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.612517	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.334922	37,790	12,657	73.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.956603	0	0	88.00
90.00	09000	CLINIC	0.742624	0	0	90.00
90.01	09001	PAIN MANAGEMENT	0.537727	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.229712	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.172250	0	0	90.03
90.04	09004	WOMEN'S HEALTH CLINIC	0.436500	0	0	90.04
90.05	09005	ORTHO CLINIC	0.384869	0	0	90.05
91.00	09100	EMERGENCY	0.318674	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911955	29,801	27,177	92.00
93.00	04950	BEHAVIOR HEALTH	1.017788	8,520	8,672	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		228,905	73,318	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)		228,905		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,289,220	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,289,220	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	8,372,112	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	86,371	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	4,765,280	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)	3,520,461	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)	3,520,461	30.00
31.00	Primary payer payments	6,431	31.00
32.00	Subtotal (line 30 minus line 31)	3,514,030	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)	1,196,179	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	777,516	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	729,940	36.00
37.00	Subtotal (see instructions)	4,291,546	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)	4,291,546	40.00
40.01	Sequestration adjustment (see instructions)	54,074	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	3,827,776	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)	409,696	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	Hospital	Cost

		1.00	
	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days	0	200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-1 Part I | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Hospital | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,644,814		3,827,776	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	08/10/2022	52,400		0	3.01
3.02		12/23/2022	91,400		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)		143,800		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)		1,788,614		3,827,776	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		301,032		409,696	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,089,646		4,237,472	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-1 Part I | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Swing Beds - SNF | Cost

		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		288,675		0	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)		288,675		0	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		79,620		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		368,295		0	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: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	Hospital	Cost

			1.00
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days (see instructions)		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days (see instructions)		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet E-2 | Date/Time Prepared: 5/17/2023 9:42 am

Title XVIII | Swing Beds - SNF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	328,786	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	47,126	0	3.00
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	135	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	375,912	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	375,912	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	375,912	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	2,918	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	372,994	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	372,994	0	19.00
19.01	Sequestration adjustment (see instructions)	4,699	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
19.03	Sequestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0	0	19.25
20.00	Interim payments	288,675	0	20.00
20.01	Interim payments-PARHM or CHART			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM or CHART (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	79,620	0	22.00
22.01	Balance due provider/program-PARHM or CHART (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part V Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	2,266,633	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
3.01	Cellular therapy acquisition cost (see instructions)	0	3.01
4.00	Subtotal (sum of lines 1 through 3.01)	2,266,633	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	2,266,633	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	2,266,633	19.00
20.00	Deductibles (exclude professional component)	215,924	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	2,050,709	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,050,709	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	100,927	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	65,603	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	52,364	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	2,116,312	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.98	Recovery of accelerated depreciation.	0	29.98
29.99	Demonstration payment adjustment amount before sequestration	0	29.99
30.00	Subtotal (see instructions)	2,116,312	30.00
30.01	Sequestration adjustment (see instructions)	26,666	30.01
30.02	Demonstration payment adjustment amount after sequestration	0	30.02
30.03	Sequestration adjustment-PARHM or CHART		30.03
31.00	Interim payments	1,788,614	31.00
31.01	Interim payments-PARHM or CHART		31.01
32.00	Tentative settlement (for contractor use only)	0	32.00
32.01	Tentative settlement-PARHM or CHART (for contractor use only)		32.01
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)	301,032	33.00
33.01	Balance due provider/program-PARHM or CHART (lines 2, 3, 18, and 26, minus lines 30.03, 31.01, and 32.01)		33.01
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/17/2023 9:42 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	464,299		1.00
2.00	Medical and other services		599,114	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	464,299	599,114	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)	464,299	599,114	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	228,905	2,378,160	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)	228,905	2,378,160	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)	228,905	2,378,160	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	1,779,046	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	235,394	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)	464,299	599,114	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	464,299	599,114	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	235,394	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	464,299	599,114	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	464,299	599,114	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS)	-464,299	-599,114	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G | Date/Time Prepared: 5/17/2023 9:42 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	11,571,845	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,174,289	0	0	0	4.00
5.00	Other receivable	2,151,895	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,586,547	0	0	0	6.00
7.00	Inventory	718,769	0	0	0	7.00
8.00	Prepaid expenses	1,062,961	0	0	0	8.00
9.00	Other current assets	693,148	0	0	0	9.00
10.00	Due from other funds	1,523,811	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,310,171	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,036,127	0	0	0	12.00
13.00	Land improvements	3,113,955	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	17,200,880	0	0	0	15.00
16.00	Accumulated depreciation	-31,579,598	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	6,641,566	0	0	0	19.00
20.00	Accumulated depreciation	-892,108	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	24,062,501	0	0	0	23.00
24.00	Accumulated depreciation	-3,138,191	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)	16,445,132	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	16,255,753	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	8,890	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,264,643	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	55,019,946	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,554,297	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,268,438	0	0	0	38.00
39.00	Payroll taxes payable	88,636	0	0	0	39.00
40.00	Notes and loans payable (short term)	329,105	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	1,667,545	0	0	0	43.00
44.00	Other current liabilities	1,125,028	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,033,049	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	3,305,361	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,305,361	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,338,410	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	43,681,536				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)	43,681,536	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	55,019,946	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-1 | Date/Time Prepared: 5/17/2023 9:42 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		42,251,542		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,429,994				2.00
3.00	Total (sum of line 1 and line 2)		43,681,536		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)		43,681,536		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)		43,681,536		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: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/17/2023 9:42 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	6,386,694		6,386,694	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)	6,386,694		6,386,694	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	6,386,694		6,386,694	17.00
18.00	Ancillary services	7,225,047	98,121,558	105,346,605	18.00
19.00	Outpatient services	4,592,262	27,099,075	31,691,337	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PATIENT REVENUE	220,242	808,716	1,028,958	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	18,424,245	126,029,349	144,453,594	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		49,560,986		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)		49,560,986		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2022 To 12/31/2022 | Worksheet G-3 | Date/Time Prepared: 5/17/2023 9:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	144,453,594	1.00
2.00	Less contractual allowances and discounts on patients' accounts	96,282,709	2.00
3.00	Net patient revenues (line 1 minus line 2)	48,170,885	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	49,560,986	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,390,101	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-438,898	7.00
8.00	Revenues from telephone and other miscellaneous communication services	11,530	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	21,330	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	171,557	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	2,279,368	17.00
18.00	Revenue from sale of medical records and abstracts	5,594	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	169,141	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	747,557	24.00
24.50	COVID-19 PHE Funding	-147,084	24.50
25.00	Total other income (sum of lines 6-24)	2,820,095	25.00
26.00	Total (line 5 plus line 25)	1,429,994	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)	1,429,994	29.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet M-1 | Date/Time Prepared: 5/17/2023 9:42 am

RHC I

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	944,611	0	944,611	0	944,611	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	406,203	0	406,203	0	406,203	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	425,123	0	425,123	-151,301	273,822	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,775,937	0	1,775,937	-151,301	1,624,636	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	163,361	163,361	0	163,361	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	163,361	163,361	0	163,361	14.00
15.00	Medical Supplies	0	113,414	113,414	0	113,414	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	113,414	113,414	0	113,414	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,775,937	276,775	2,052,712	-151,301	1,901,411	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	12,597	131	12,728	0	12,728	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	419	419	0	419	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	12,597	550	13,147	0	13,147	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	231,713	231,713	0	231,713	29.00
30.00	Administrative Costs	0	17,188	17,188	151,301	168,489	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	248,901	248,901	151,301	400,202	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,788,534	526,226	2,314,760	0	2,314,760	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet M-1 | Date/Time Prepared: 5/17/2023 9:42 am

RHC I

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	944,611		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	406,203		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	273,822		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,624,636		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	163,361		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	163,361		14.00
15.00	Medical Supplies	-103,796	9,618		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	-103,796	9,618		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-103,796	1,797,615		22.00
	COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	12,728		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	-419	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	-419	12,728		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	-1,809	229,904		29.00
30.00	Administrative Costs	0	168,489		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-1,809	398,393		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-106,024	2,208,736		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet M-2 | Date/Time Prepared: 5/17/2023 9:42 am

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		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	2.50	9,227	1	3		1.00
2.00	Physician Assistant	0.00	0	1	0		2.00
3.00	Nurse Practitioner	1.89	8,821	1	2		3.00
4.00	Subtotal (sum of lines 1 through 3)	4.39	18,048		5	18,048	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.39	18,048			18,048	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,797,615	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					12,728	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,810,343	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.992969	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					398,393	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,900,962	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,299,355	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					2,299,355	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					2,283,188	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					4,080,803	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 15-1327 Component CCN: 15-8540	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/17/2023 9:42 am
	Title XVIII	RHC I	

			1.00	
	DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES			
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		4,080,803	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		114,846	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		3,965,957	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		18,048	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		18,048	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		219.74	7.00

		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	175.69	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	175.69	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	2,901	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	509,677	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	99	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	17,393	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	17,393	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	527,070	16.00
16.01	Total program charges (see instructions)(from contractor's records)		616,361	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		54,723	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		46,795	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		327,818	16.04
16.05	Total program cost (see instructions)	0	374,613	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		70,502	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		98,227	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		374,613	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		29,475	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		404,088	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		404,088	26.00
26.01	Sequestration adjustment (see instructions)		5,091	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		362,605	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		36,392	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-1327 | Component CCN: 15-8540 | Period: From 01/01/2022 To 12/31/2022 | Worksheet M-4 | Date/Time Prepared: 5/17/2023 9:42 am

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		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,624,636	1,624,636	1,624,636	1,624,636	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000590	0.002416	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	959	3,925	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	25,959	19,748	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	26,918	23,673	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,797,615	1,797,615	1,797,615	1,797,615	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	2,283,188	2,283,188	2,283,188	2,283,188	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.014974	0.013169	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	34,188	30,067	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	61,106	53,740	0	0	10.00
11.00	Total number of injections/infusions (from your records)	143	586	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	427.31	91.71	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	37	149	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	15,810	13,665	0	0	14.00

			COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
		1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		114,846	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		29,475	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-1327 Component CCN: 15-8540	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/17/2023 9:42 am

RHC I

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		362,605	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		362,605	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		36,392	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		398,997	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00