

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

Table with 4 columns: Hospital Name, Provider CCN, Period, and Worksheet S. Includes date 5/30/2024 7:05 pm.

PART I - COST REPORT STATUS. Includes fields for Provider use only, Contractor use only, and various checkboxes for report status and Medicare utilization.

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...

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOSHEN HOSPITAL (15-0026) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 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.

Table for signature verification. Includes columns for Signature, Checkbox, Electronic Signature Statement, and a numbered list of signatory details (Name, Title, Date).

Table with columns for Title V, Title XVIII (Part A, Part B), HIT, and Title XIX. Row 200.00 shows a total of 421,006 and -129,342.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 200 HIGH PARK AVENUE		PO Box:			
City: GOSHEN		State: IN		Zip Code: 46526	
				County: ELKHART	

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

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

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2023	12/31/2023	20.00
21.00	Type of Control (see instructions)	2		21.00
		1.00	2.00	3.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026			Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	443	0	0	0	3,260	209	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
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 impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm
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			V	XVIII	XIX
			1.00	2.00	3.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	

60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	

61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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	
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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: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

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

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

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

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?				68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0
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
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.			N	0
			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
			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
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00

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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. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)						107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N				112.00
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				0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,063,717	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.		Y	Y
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)		N	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	
142.00	Street:	PO Box:		
143.00	City:	State:	Zip Code:	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 7:05 pm	
				Y/N	Date		
				1.00	2.00		
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
				Y/N	Date		V/I
				1.00	2.00		3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
				Y/N	Type		Date
				1.00	2.00		3.00
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		A			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/04/2024	Y	04/04/2024		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-2 Part II Date/Time Prepared: 5/30/2024 7:05 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JEFF		MILLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	GOSHEN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-312-8557		JMILLER67@GOSHENHEALTH.COM	43.00

		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.	BUSINESS ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P		
	Line No.				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	93	33,945	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		93	33,945	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		105	38,325	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00	HOSPICE	116.00	0	0		0	24.00
24.10	HOSPICE (non-distinct part)	30.00				0	24.10
25.00	CMHC - CMHC	99.00				0	25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		105			0	27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,656	197	13,952		1.00
2.00	HMO and other (see instructions)	4,752	3,442			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,656	197	13,952		7.00
8.00	INTENSIVE CARE UNIT	667	37	2,591		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		23	1,678		13.00
14.00	Total (see instructions)	4,323	257	18,221	0.00	1,014.70
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits	0	0	0		15.10
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00	HOME HEALTH AGENCY	3,575	0	8,605	0.00	25.59
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00
24.00	HOSPICE	0	0	0	0.00	15.49
24.10	HOSPICE (non-distinct part)	0	0	0		24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	1,055.78
28.00	Observation Bed Days		519	3,576		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	213	366		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: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,142	177	4,711	1.00
2.00	HMO and other (see instructions)			1,094	1,491		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,142	177	4,711	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	86,900,447	0	86,900,447	2,196,017.00	39.57
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		92,667	0	92,667	1,187.95	78.01
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		6,665,599	0	6,665,599	21,021.18	317.09
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,531,239	179,633	4,710,872	138,332.92	34.05
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,975,357	0	4,975,357	37,799.00	131.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		386,580	0	386,580	1,820.75	212.32
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		23,580,400	0	23,580,400		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,572,793	0	1,572,793		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		16,450	0	16,450		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		291,085	0	291,085		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	534,601	0	534,601	26,813.30	19.94	26.00
27.00	Administrative & General	16,133,268	0	16,133,268	385,457.88	41.85	27.00
28.00	Administrative & General under contract (see inst.)	1,319,146	0	1,319,146	8,920.54	147.88	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	681,933	0	681,933	27,464.90	24.83	30.00
31.00	Laundry & Linen Service	41,231	0	41,231	2,192.10	18.81	31.00
32.00	Housekeeping	1,314,769	0	1,314,769	67,682.62	19.43	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	977,515	-591,347	386,168	20,585.70	18.76	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	591,347	591,347	31,690.62	18.66	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,504,646	-179,633	2,325,013	55,796.11	41.67	38.00
39.00	Central Services and Supply	437,048	0	437,048	18,373.63	23.79	39.00
40.00	Pharmacy	1,811,244	0	1,811,244	38,492.07	47.05	40.00
41.00	Medical Records & Medical Records Library	1,229,437	0	1,229,437	32,047.21	38.36	41.00
42.00	Social Service	1,260,116	0	1,260,116	36,536.47	34.49	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2024 7:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	81,553,994	0	81,553,994	2,183,916.36	37.34	1.00
2.00	Excluded area salaries (see instructions)	4,531,239	179,633	4,710,872	138,332.92	34.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	77,022,755	-179,633	76,843,122	2,045,583.44	37.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,361,937	0	5,361,937	39,619.75	135.33	4.00
5.00	Subtotal wage-related costs (see inst.)	23,596,850	0	23,596,850	0.00	30.71	5.00
6.00	Total (sum of lines 3 thru 5)	105,981,542	-179,633	105,801,909	2,085,203.19	50.74	6.00
7.00	Total overhead cost (see instructions)	28,244,954	-179,633	28,065,321	752,053.15	37.32	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part IV
Date/Time Prepared:
5/30/2024 7:05 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,814,301	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	609,182	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,812,526	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	394,206	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	121,381	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	198,704	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	602,727	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,848,055	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	9,318	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	29,660	22.00
23.00	Tuition Reimbursement	20,668	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,460,728	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,975,357	25,460,728	1.00
2.00	Hospital	4,975,357	25,460,728	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0026 Component CCN: 15-7174		Period: From 01/01/2023 To 12/31/2023		Worksheet S-4 Date/Time Prepared: 5/30/2024 7:05 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	90	1	252	343	
2.00	Unduplicated Census Count (see instructions)	0.00	206.00	22.00	343.00	571.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			1.08	0.00	1.08	
5.00	Other Administrative Personnel			6.70	0.00	6.70	
6.00	Direct Nursing Service			6.15	0.00	6.15	
7.00	Nursing Supervisor			5.90	0.00	5.90	
8.00	Physical Therapy Service			4.33	0.00	4.33	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			1.74	0.00	1.74	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.21	0.00	0.21	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.02	0.00	1.02	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.04	0.00	0.04	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					2	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					21140	
20.01						99915	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,301	796	35	6	2,138	
22.00	Skilled Nursing Visit Charges	206,496	115,968	7,632	1,264	331,360	
23.00	Physical Therapy Visits	455	391	13	4	863	
24.00	Physical Therapy Visit Charges	103,075	87,747	3,065	912	194,799	
25.00	Occupational Therapy Visits	181	233	1	1	416	
26.00	Occupational Therapy Visit Charges	41,675	53,294	239	239	95,447	
27.00	Speech Pathology Visits	2	15	0	0	17	
28.00	Speech Pathology Visit Charges	506	3,798	0	0	4,304	
29.00	Medical Social Service Visits	20	37	0	0	57	
30.00	Medical Social Service Visit Charges	6,049	11,191	0	0	17,240	
31.00	Home Health Aide Visits	28	55	1	0	84	
32.00	Home Health Aide Visit Charges	3,151	6,190	113	0	9,454	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,987	1,527	50	11	3,575	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	360,952	278,188	11,049	2,415	652,604	
36.00	Total Number of Episodes (standard/non outlier)	228		33	1	262	
37.00	Total Number of Outlier Episodes		82		0	82	
38.00	Total Non-Routine Medical Supply Charges	20,063	16,547	1,390	86	38,086	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

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

Period:
From 01/01/2023
To 12/31/2023

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/30/2024 7:05 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	19,248	0	1,497	20,745	11.00
12.00	Hospice Inpatient Respite Care	25	0	5	30	12.00
13.00	Hospice General Inpatient Care	99	0	35	134	13.00
14.00	Total Hospice Days	19,372	0	1,537	20,909	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 7:05 pm
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			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.271764	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		34,037,915	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		110,590,462	6.00
7.00	Medicaid cost (line 1 times line 6)		30,054,506	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		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 (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	2,652,223	1,047,777	3,700,000
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	720,779	1,047,777	1,768,556
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	720,779	1,047,777	1,768,556
			1.00	
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)		0	25.01
26.00	Bad debt amount (see instructions)		13,243,077	26.00
27.00	Medicare reimbursable bad debts (see instructions)		60,685	27.00
27.01	Medicare allowable bad debts (see instructions)		93,362	27.01
28.00	Non-Medicare bad debt amount (see instructions)		13,149,715	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		3,606,296	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		5,374,852	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,374,852	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet S-10 Parts I & II Date/Time Prepared: 5/30/2024 7:05 pm
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			1.00		
PART II - HOSPITAL DATA					
Uncompensated and Indigent Care Cost-to-Charge Ratio					
1.00	Cost to charge ratio (see instructions)		0.264466	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00	
6.00	Medicaid charges			6.00	
7.00	Medicaid cost (line 1 times line 6)			7.00	
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			9.00	
10.00	Stand-alone CHIP charges			10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			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)			13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			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			17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)					
20.00	Charity care charges and uninsured discounts (see instructions)	2,652,223	1,047,777	3,700,000	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	701,423	1,047,777	1,749,200	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (see instructions)	701,423	1,047,777	1,749,200	23.00
			1.00		
24.00	Does the amount on line 20 col. 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
25.01	Charges for insured patients' liability (see instructions)			0	25.01
26.00	Bad debt amount (see instructions)			13,243,077	26.00
27.00	Medicare reimbursable bad debts (see instructions)			60,685	27.00
27.01	Medicare allowable bad debts (see instructions)			93,362	27.01
28.00	Non-Medicare bad debt amount (see instructions)			13,149,715	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)			3,510,330	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)			5,259,530	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,259,530	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		16,183,257	16,183,257	-5,928,912	10,254,345	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	9,141,754	9,141,754	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	534,601	23,394,111	23,928,712	566,215	24,494,927	4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,375,214	1,809,235	3,184,449	0	3,184,449	5.01
5.02 00590 OTHER ADMIN & GENERAL	14,758,054	60,808,473	75,566,527	1,963,642	77,530,169	5.02
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	681,933	3,260,731	3,942,664	0	3,942,664	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	41,231	592,947	634,178	0	634,178	8.00
9.00 00900 HOUSEKEEPING	1,314,769	510,424	1,825,193	0	1,825,193	9.00
10.00 01000 DIETARY	977,515	485,012	1,462,527	-885,054	577,473	10.00
11.00 01100 CAFETERIA	0	0	0	884,755	884,755	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,504,646	1,060,416	3,565,062	-329,638	3,235,424	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	437,048	608,672	1,045,720	-238,838	806,882	14.00
15.00 01500 PHARMACY	1,811,244	8,269,363	10,080,607	-7,598,240	2,482,367	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,229,437	2,597,294	3,826,731	0	3,826,731	16.00
17.00 01700 SOCIAL SERVICE	1,260,116	78,484	1,338,600	0	1,338,600	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	327,756	327,756	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,931,440	1,226,443	11,157,883	1,445,353	12,603,236	30.00
31.00 03100 INTENSIVE CARE UNIT	2,811,862	632,006	3,443,868	-187,958	3,255,910	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,954,147	595,638	4,549,785	-4,131,146	418,639	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,251,016	11,736,619	15,987,635	-8,590,453	7,397,182	50.00
51.00 05100 RECOVERY ROOM	637,974	215,575	853,549	-13,188	840,361	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,243,150	2,243,150	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	2,152,333	2,152,333	-59	2,152,274	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,855,223	4,221,456	9,076,679	-1,749,351	7,327,328	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	11,381,460	29,778,867	41,160,327	-24,776,918	16,383,409	55.00
56.00 05600 RADIOISOTOPE	432,268	1,026,180	1,458,448	-766,462	691,986	56.00
56.01 05601 CARDIAC CATH LAB	1,264,615	8,391,205	9,655,820	-4,641,230	5,014,590	56.01
57.00 05700 CT SCAN	662,786	877,988	1,540,774	-318,138	1,222,636	57.00
58.00 05800 MRI	492,826	144,208	637,034	-33,737	603,297	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,257,714	5,764,737	9,022,451	-337,112	8,685,339	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	740,098	740,098	-733,477	6,621	63.00
64.00 06400 INTRAVENOUS THERAPY	-858	685	-173	0	-173	64.00
65.00 06500 RESPIRATORY THERAPY	2,378,212	469,280	2,847,492	-35,631	2,811,861	65.00
66.00 06600 PHYSICAL THERAPY	3,289,379	912,153	4,201,532	-1,270,290	2,931,242	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	743,203	743,203	67.00
68.00 06800 SPEECH PATHOLOGY	0	905	905	522,782	523,687	68.00
69.00 06900 ELECTROCARDIOLOGY	369,554	104,447	474,001	-1,931	472,070	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,001,534	11,001,534	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,026,902	6,026,902	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	31,727,574	31,727,574	73.00
74.00 07400 RENAL DIALYSIS	0	183,740	183,740	-2,218	181,522	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	231,435	6,629	238,064	0	238,064	76.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	445,316	210,056	655,372	-58,019	597,353	90.00
90.02	09002	WOUND CLINIC	220	1,392,387	1,392,607	-199,839	1,192,768	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,796,811	1,462,946	6,259,757	-272,223	5,987,534	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,004,787	320,664	2,325,451	-677	2,324,774	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,183,040	3,183,040	-3,183,040	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,208,593	1,764,211	2,972,804	-294,687	2,678,117	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,582,588	197,172,915	282,755,503	16,154	282,771,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	373,461	342,037	715,498	-15,894	699,604	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	702,387	3,155,727	3,858,114	-260	3,857,854	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	10,538	2,389,807	2,400,345	0	2,400,345	190.06
190.07	19007	FOUNDATION	0	42	42	0	42	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	231,473	93,689	325,162	0	325,162	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	164	164	0	164	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	86,900,447	203,154,381	290,054,828	0	290,054,828	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,394,990	4,859,355	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,426,779	6,714,975	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,568,860	22,926,067	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,026	3,182,423	5.01
5.02	00590	OTHER ADMIN & GENERAL	-49,436,349	28,093,820	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-441	3,942,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	634,178	8.00
9.00	00900	HOUSEKEEPING	0	1,825,193	9.00
10.00	01000	DIETARY	0	577,473	10.00
11.00	01100	CAFETERIA	-251,020	633,735	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,235,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	806,882	14.00
15.00	01500	PHARMACY	0	2,482,367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-334,140	3,492,591	16.00
17.00	01700	SOCIAL SERVICE	0	1,338,600	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	-182,814	144,942	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	12,603,236	30.00
31.00	03100	INTENSIVE CARE UNIT	-599,085	2,656,825	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-1,250	417,389	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,397,182	50.00
51.00	05100	RECOVERY ROOM	0	840,361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,243,150	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-2,152,801	-527	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,418,105	4,909,223	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,414,894	12,968,515	55.00
56.00	05600	RADIOISOTOPE	0	691,986	56.00
56.01	05601	CARDIAC CATH LAB	-935	5,013,655	56.01
57.00	05700	CT SCAN	0	1,222,636	57.00
58.00	05800	MRI	0	603,297	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,081	8,684,258	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	6,621	63.00
64.00	06400	INTRAVENOUS THERAPY	0	-173	64.00
65.00	06500	RESPIRATORY THERAPY	-796,982	2,014,879	65.00
66.00	06600	PHYSICAL THERAPY	-214,539	2,716,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	-32	743,171	67.00
68.00	06800	SPEECH PATHOLOGY	-18	523,669	68.00
69.00	06900	ELECTROCARDIOLOGY	0	472,070	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,001,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,026,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,727,574	73.00
74.00	07400	RENAL DIALYSIS	0	181,522	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	238,064	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-368,125	229,228	90.00

5/30/2024 7:05 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CLINIC	-91	1,192,677	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	-175,701	5,811,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	-4,614	2,320,160	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	2,678,117	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-69,745,672	213,025,985	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	699,604	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	3,857,854	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,400,345	190.06
190.07	19007	FOUNDTION	0	42	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	325,162	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	164	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-69,745,672	220,309,156	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,001,534	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,026,902	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	275,926	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
0			0	17,304,362	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,727,574	1.00
2.00	NURSING ADMINISTRATION	13.00	0	8	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
0			0	31,727,582	
C - DIETARY					
1.00	CAFETERIA	11.00	591,347	293,408	1.00
0			591,347	293,408	
D - CAPITAL INSURANCE					
1.00	OTHER ADMIN & GENERAL	5.02	0	62,507	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	602,727	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	1,001,210	3.00
4.00	OTHER ADMIN & GENERAL	5.02	0	799,909	4.00
0			0	2,466,353	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,183,040	1.00
0			0	3,183,040	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,302,631	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	8,302,631	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,560,702	174,980	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,017,010	226,140	2.00
	0		3,577,712	401,120	
H - COMMUNITY HEALTH					
1.00		0.00	0	0	1.00
	0		0	0	
I - EMT					
1.00	PARAMED ED PRGM	23.00	179,633	148,123	1.00
	0		179,633	148,123	
J - THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	701,698	41,505	1.00
2.00	SPEECH PATHOLOGY	68.00	467,995	54,787	2.00
	0		1,169,693	96,292	
K - CAPITAL LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	839,123	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,793	2.00
3.00	LABORATORY	60.00	0	467	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		0	847,383	
500.00	Grand Total: Increases		5,518,385	64,770,294	500.00

RECLASSIFICATIONS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-6
Date/Time Prepared:
5/30/2024 7:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	0		1.00
2.00	DIETARY	10.00	0	299	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,890	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	238,838	0		4.00
5.00	PHARMACY	15.00	0	9,690	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	290,329	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	187,958	0		7.00
8.00	NURSERY	43.00	0	152,128	0		8.00
9.00	OPERATING ROOM	50.00	0	7,865,607	0		9.00
10.00	RECOVERY ROOM	51.00	0	13,188	0		10.00
11.00	PAIN MANAGEMENT	53.01	0	59	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,329,006	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	143,451	0		13.00
14.00	RADIOISOTOPE	56.00	0	716,523	0		14.00
15.00	CARDIAC CATH LAB	56.01	0	4,491,180	0		15.00
16.00	CT SCAN	57.00	0	129,780	0		16.00
17.00	MRI	58.00	0	32,535	0		17.00
18.00	LABORATORY	60.00	0	337,579	0		18.00
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	731,714	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	35,442	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	4,140	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,931	0		22.00
23.00	RENAL DIALYSIS	74.00	0	2,218	0		23.00
24.00	CLINIC	90.00	0	4,061	0		24.00
25.00	WOUND CLINIC	90.02	0	190,154	0		25.00
26.00	EMERGENCY	91.00	0	270,055	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	587	0		27.00
28.00	HOSPICE	116.00	0	123,562	0		28.00
29.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	196	0		29.00
30.00	COMMUNITY RELATIONS	190.04	0	260	0		30.00
	O			17,304,362			
B - PHARMACY							
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	7,905	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,510	0		2.00
3.00	PHARMACY	15.00	0	7,588,550	0		3.00
4.00	NURSERY	43.00	0	186	0		4.00
5.00	OPERATING ROOM	50.00	0	11,483	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	911	0		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,791,703	0		7.00
8.00	RADIOISOTOPE	56.00	0	49,939	0		8.00
9.00	CARDIAC CATH LAB	56.01	0	50	0		9.00
10.00	MRI	58.00	0	1,202	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	189	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	165	0		12.00
13.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	1,763	0		13.00
14.00	CLINIC	90.00	0	53,958	0		14.00
15.00	WOUND CLINIC	90.02	0	9,685	0		15.00
16.00	EMERGENCY	91.00	0	2,168	0		16.00
17.00	HOME HEALTH AGENCY	101.00	0	90	0		17.00
18.00	HOSPICE	116.00	0	171,125	0		18.00
	O			31,727,582			
C - DIETARY							
1.00	DIETARY	10.00	591,347	293,408	0		1.00
	O		591,347	293,408			
D - CAPITAL INSURANCE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,830	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	62,507	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,379,016	12		3.00
4.00		0.00	0	0	0		4.00
	O			2,466,353			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,183,040	11		1.00
	O			3,183,040			
F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,740,729	9		1.00
2.00	OPERATING ROOM	50.00	0	655,967	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	126,678	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	779,257	0		4.00
	O			8,302,631			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
G - CIRCLE OF CARE							
1.00	NURSERY	43.00	3,577,712	401,120	0		1.00
2.00		0.00	0	0	0		2.00
			3,577,712	401,120			
H - COMMUNITY HEALTH							
1.00		0.00	0	0	0		1.00
			0	0			
I - EMT							
1.00	NURSING ADMINISTRATION	13.00	179,633	148,123	0		1.00
			179,633	148,123			
J - THERAPY							
1.00	PHYSICAL THERAPY	66.00	1,169,693	96,292	0		1.00
2.00		0.00	0	0	0		2.00
			1,169,693	96,292			
K - CAPITAL LEASES							
1.00	OTHER ADMIN & GENERAL	5.02	0	175,910	10		1.00
2.00	OPERATING ROOM	50.00	0	57,396	10		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	267,926	0		3.00
4.00	CARDIAC CATH LAB	56.01	0	150,000	0		4.00
5.00	CT SCAN	57.00	0	188,358	0		5.00
6.00	GI FT FLOWER COFFEE SHOP & CANTEEN	190.00	0	7,793	0		6.00
			0	847,383			
500.00	Grand Total : Decreases		5,518,385	64,770,294			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,535,262	0	0	0	0	1.00
2.00	Land Improvements	4,922,978	28,798	0	28,798	0	2.00
3.00	Buildings and Fixtures	174,956,062	9,236,415	0	9,236,415	0	3.00
4.00	Building Improvements	36,948	0	0	0	0	4.00
5.00	Fixed Equipment	22,004,632	839,679	0	839,679	0	5.00
6.00	Movable Equipment	122,967,127	14,623,631	0	14,623,631	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	330,423,009	24,728,523	0	24,728,523	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	330,423,009	24,728,523	0	24,728,523	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,535,262	0				1.00
2.00	Land Improvements	4,951,776	0				2.00
3.00	Buildings and Fixtures	184,192,477	0				3.00
4.00	Building Improvements	36,948	0				4.00
5.00	Fixed Equipment	22,844,311	0				5.00
6.00	Movable Equipment	137,590,758	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	355,151,532	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	355,151,532	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	13,313,957	0	0	2,869,300	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,313,957	0	0	2,869,300	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,183,257				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,183,257				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	218,332,587	0	218,332,587	0.611702	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	138,593,766	0	138,593,766	0.388298	0	2.00
3.00	Total (sum of lines 1-2)	356,926,353	0	356,926,353	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,001,244	7,793	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,302,631	839,123	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,303,875	846,916	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-639,966	490,284	0	0	4,859,355	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-2,426,779	0	0	0	6,714,975	2.00
3.00	Total (sum of lines 1-2)	-3,066,745	490,284	0	0	11,574,330	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,823,006	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-2,426,779	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-69,309	OTHER ADMIN & GENERAL		5.02	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	0	OTHER ADMIN & GENERAL		5.02	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,571,984	CAP REL COSTS-BLDG & FIXT		1.00	9 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-13,409,624				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-251,020	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-25,243	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-14,454	OTHER ADMIN & GENERAL		5.02	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 EMT CLASS TUITION	B	-182,814	PARAMED ED PRGM		23.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 MISC ONCOLOGY REV	B	-46,914	RADIOLOGY-THERAPEUTIC	55.00	0 33.01
33.02 PERSONAL AUTO USAGE	A	-14,493	OTHER ADMIN & GENERAL	5.02	0 33.02
33.03 ALCOHOLIC BEVERAGE	A	-464	OTHER ADMIN & GENERAL	5.02	0 33.03
33.04 LOBBYING EXPENSE	A	-22,066	OTHER ADMIN & GENERAL	5.02	0 33.04
33.05 SHARED A&G EXPENSE	A	-2,827,777	OTHER ADMIN & GENERAL	5.02	0 33.05
33.06 PRIMECARE ASSESSMENT (PHYSICIANS)	A	-30,483,114	OTHER ADMIN & GENERAL	5.02	0 33.06
33.07 MISC RADIOLOGY REV	B	-1,780	RADIOLOGY-DIAGNOSTIC	54.00	0 33.07
33.08 MISC LAB REV	B	-1,081	LABORATORY	60.00	0 33.08
33.09 HAF OFFSET	A	-14,351,785	OTHER ADMIN & GENERAL	5.02	0 33.09
33.10 MISC RESPIRATORY THERAPY REVENUE	B	-7,735	RESPIRATORY THERAPY	65.00	0 33.10
33.11 OP REHAB REVENUE MISC OUTPATIENT REV	B	-1,250	NURSERY	43.00	0 33.11
33.12 GOSH REHAB - PEDIATRIC MISC INCOME	B	-317	PHYSICAL THERAPY	66.00	0 33.12
33.13 GOSH REHAB - PEDIATRIC MISC INCOME	B	-32	OCCUPATIONAL THERAPY	67.00	0 33.13
33.14 GOSH REHAB - PEDIATRIC MISC INCOME	B	-18	SPEECH PATHOLOGY	68.00	0 33.14
33.15 CATH LAB MISC INCOME	B	-935	CARDIAC CATH LAB	56.01	0 33.15
33.16 ADVERTISING COSTS	A	-1,470	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.16
33.17 ADVERTISING COSTS	A	-1,510	RESPIRATORY THERAPY	65.00	0 33.17
33.18 ADVERTISING COSTS	A	-350	PHYSICAL THERAPY	66.00	0 33.18
33.19 ADVERTISING COSTS	A	-91	WOUND CLINIC	90.02	0 33.19
33.20 ADVERTISING COSTS	A	-4,614	HOME HEALTH AGENCY	101.00	0 33.20
33.21 PLANT OPS MISC INCOME	B	-441	OPERATION OF PLANT	7.00	0 33.21
33.22 PFS MISC INCOME	B	-2,026	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0 33.22
33.23 OTHER MISC INCOME	B	-89,862	OTHER ADMIN & GENERAL	5.02	0 33.23
33.24 COMMUNITY EDUCATION	B	-102,513	CLINIC	90.00	0 33.24
33.25 PAIN MGMT MISC INCOME	B	-3,916	PAIN MANAGEMENT	53.01	0 33.25
33.26 ADVERTISING COSTS	A	-4,885	OTHER ADMIN & GENERAL	5.02	0 33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-69,745,672			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet A-8-2

Date/Time Prepared:
5/30/2024 7:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMIN & GENERAL	1,558,140	1,558,140	0	211,500	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	312,564	308,897	3,667	211,500	39	2.00
3.00	31.00	INTENSIVE CARE UNIT	599,085	599,085	0	211,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,138,216	2,138,216	0	271,900	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	2,248,835	2,171,835	77,000	271,900	1,053	5.00
6.00	60.00	LABORATORY	0	0	0	260,300	0	6.00
7.00	65.00	RESPIRATORY THERAPY	799,737	787,737	12,000	211,500	194	7.00
8.00	66.00	PHYSICAL THERAPY	213,872	213,872	0	211,500	0	8.00
9.00	90.00	CLINIC	265,612	265,612	0	211,500	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	310,789	248,351	62,438	271,900	250	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	1,253,532	1,129,389	124,143	271,900	439	11.00
12.00	91.00	EMERGENCY	238,948	38,948	200,000	211,500	622	12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,567,390	1,567,390	0	211,500	0	13.00
14.00	53.01	PAIN MANAGEMENT	2,148,885	2,148,885	0	211,500	0	14.00
200.00			13,655,605	13,176,357	479,248		2,597	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMIN & GENERAL	0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	3,966	198	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	137,649	6,882	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	19,726	986	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	32,680	1,634	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	57,387	2,869	0	0	0	11.00
12.00	91.00	EMERGENCY	63,247	3,162	0	0	0	12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	13.00
14.00	53.01	PAIN MANAGEMENT	0	0	0	0	0	14.00
200.00			314,655	15,731	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMIN & GENERAL	0	0	0	1,558,140		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	3,966	0	308,897		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	599,085		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,138,216		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	137,649	0	2,171,835		5.00
6.00	60.00	LABORATORY	0	0	0	0		6.00
7.00	65.00	RESPIRATORY THERAPY	0	19,726	0	787,737		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	213,872		8.00
9.00	90.00	CLINIC	0	0	0	265,612		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	32,680	29,758	278,109		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	57,387	66,756	1,196,145		11.00
12.00	91.00	EMERGENCY	0	63,247	136,753	175,701		12.00
13.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,567,390		13.00
14.00	53.01	PAIN MANAGEMENT	0	0	0	2,148,885		14.00
200.00			0	314,655	233,267	13,409,624		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	4,859,355	4,859,355				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,714,975		6,714,975			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	22,926,067	45,542	2,869	22,974,478		4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,182,423	47,128	3,494	365,822	3,598,867	5.01
5.02 00590 OTHER ADMIN & GENERAL	28,093,820	370,239	2,349,120	3,925,788	0	5.02
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	3,942,223	300,850	451,967	181,402	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	634,178	20,924	0	10,968	0	8.00
9.00 00900 HOUSEKEEPING	1,825,193	5,427	16,288	349,743	0	9.00
10.00 01000 DIETARY	577,473	65,016	52,615	102,725	0	10.00
11.00 01100 CAFETERIA	633,735	99,570	259	157,305	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,235,424	16,189	346,760	618,479	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	806,882	29,172	52,806	116,260	0	14.00
15.00 01500 PHARMACY	2,482,367	24,063	174,496	481,811	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,492,591	50,583	15,669	327,044	0	16.00
17.00 01700 SOCIAL SERVICE	1,338,600	12,099	461	335,205	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	144,942	3,002	0	47,784	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,603,236	853,406	294,610	3,057,036	123,257	30.00
31.00 03100 INTENSIVE CARE UNIT	2,656,825	112,836	119,629	747,986	55,220	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	417,389	26,589	77,698	100,136	85,296	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,397,182	676,504	427,380	1,130,817	324,347	50.00
51.00 05100 RECOVERY ROOM	840,361	35,913	35,534	169,708	32,429	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,243,150	90,019	25,171	536,547	35,445	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	-527	0	0	0	15,906	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,909,223	298,018	470,683	1,291,543	275,913	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	12,968,515	496,284	568,071	3,027,594	208,390	55.00
56.00 05600 RADIO SOTOPE	691,986	13,549	6,757	114,988	106,181	56.00
56.01 05601 CARDIAC CATH LAB	5,013,655	31,132	720,925	336,402	280,871	56.01
57.00 05700 CT SCAN	1,222,636	7,556	0	176,308	183,444	57.00
58.00 05800 MRI	603,297	17,107	141,691	131,097	15,081	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	8,684,258	65,809	15,211	866,588	68,147	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	6,621	4,690	0	0	24,166	63.00
64.00 06400 INTRAVENOUS THERAPY	-173	0	0	0	1	64.00
65.00 06500 RESPIRATORY THERAPY	2,014,879	35,289	146,988	632,631	66,753	65.00
66.00 06600 PHYSICAL THERAPY	2,716,703	173,128	25,780	563,860	46,822	66.00
67.00 06700 OCCUPATIONAL THERAPY	743,171	23,825	15,462	186,659	17,547	67.00
68.00 06800 SPEECH PATHOLOGY	523,669	7,534	2,541	124,492	10,076	68.00
69.00 06900 ELECTROCARDIOLOGY	472,070	53,064	7,146	98,305	47,157	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,001,534	0	0	0	151,254	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,026,902	0	0	0	75,116	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	31,727,574	0	0	0	1,038,772	73.00
74.00 07400 RENAL DIALYSIS	181,522	0	0	0	1,929	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	238,064	3,976	737	61,564	2,504	76.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	229,228	24,697	14,791	118,459	12,294	90.00	
90.02 09002 WOUND CLINIC	1,192,677	221,752	4,253	59	26,595	90.02	
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	5,811,833	231,540	43,785	1,276,004	234,322	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
101.00 10100 HOME HEALTH AGENCY	2,320,160	38,405	10,375	533,295	9,615	101.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	2,678,117	38,405	0	321,499	21,775	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	213,025,985	4,670,831	6,642,022	22,623,913	3,596,625	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	699,604	127,076	50,706	99,345	282	190.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01	
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02	
190.03 19003 LI FELINE	0	0	0	0	0	190.03	
190.04 19004 COMMUNITY RELATIONS	3,857,854	33,409	21,823	186,843	0	190.04	
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05	
190.06 19006 PROFESSIONAL DEVELOPMENT	2,400,345	0	0	2,803	0	190.06	
190.07 19007 FOUNDTION	42	28,039	0	0	0	190.07	
190.08 19008 GOSHEN GACC CLINIC	0	0	424	0	0	190.08	
191.00 19100 RESEARCH	325,162	0	0	61,574	1,960	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	164	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	220,309,156	4,859,355	6,714,975	22,974,478	3,598,867	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL	34,738,967	34,738,967				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	4,876,442	912,875	0	5,789,317		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	666,070	124,689	0	29,578	820,337	8.00
9.00	00900	HOUSEKEEPING	2,196,651	411,215	0	7,671	0	9.00
10.00	01000	DIETARY	797,829	149,354	0	91,904	0	10.00
11.00	01100	CAFETERIA	890,869	166,772	0	140,746	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,216,852	789,399	0	22,884	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,005,120	188,159	0	41,236	0	14.00
15.00	01500	PHARMACY	3,162,737	592,068	0	34,014	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,885,887	727,442	0	71,502	0	16.00
17.00	01700	SOCIAL SERVICE	1,686,365	315,689	0	17,103	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	195,728	36,640	0	4,244	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,931,545	3,169,602	0	1,206,327	165,258	30.00
31.00	03100	INTENSIVE CARE UNIT	3,692,496	691,239	0	159,499	104,175	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	707,108	132,371	0	37,585	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,956,230	1,863,816	0	956,271	200,117	50.00
51.00	05100	RECOVERY ROOM	1,113,945	208,532	0	50,764	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,930,332	548,561	0	127,247	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	15,379	2,879	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,245,380	1,356,342	0	421,262	51,974	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,268,854	3,232,747	0	701,521	0	55.00
56.00	05600	RADIOISOTOPE	933,461	174,745	0	19,153	20,661	56.00
56.01	05601	CARDIAC CATH LAB	6,382,985	1,194,901	0	44,006	0	56.01
57.00	05700	CT SCAN	1,589,944	297,639	0	10,681	34,448	57.00
58.00	05800	MRI	908,273	170,030	0	24,181	3,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,700,013	1,815,852	0	93,025	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	35,477	6,641	0	6,630	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-172	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,896,540	542,235	0	49,883	0	65.00
66.00	06600	PHYSICAL THERAPY	3,526,293	660,126	0	244,725	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	986,664	184,704	0	33,677	0	67.00
68.00	06800	SPEECH PATHOLOGY	668,312	125,109	0	10,649	0	68.00
69.00	06900	ELECTROCARDIOLOGY	677,742	126,874	0	75,009	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,152,788	2,087,813	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,102,018	1,142,304	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,766,346	6,133,903	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	183,451	34,342	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	306,845	57,442	0	5,621	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	399,469	74,781	0	34,910	0	90.00
90.02	09002	WOUND CLINIC	1,445,336	270,568	0	313,456	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,597,484	1,422,257	0	327,292	240,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,911,850	545,101	0	54,287	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,059,796	572,797	0	54,287	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,411,701	33,260,555	0	5,522,830	820,337	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	977,013	182,898	0	179,628	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNIT Y ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	4,099,929	767,511	0	47,225	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,403,148	449,872	0	0	0	190.06
190.07	19007	FOUNDTION	28,081	5,257	0	39,634	0	190.07
190.08	19008	GOSHEN GACC CLINIC	424	79	0	0	0	190.08
191.00	19100	RESEARCH	388,696	72,764	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	164	31	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	220,309,156	34,738,967	0	5,789,317	820,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023 To 12/31/2023

Worksheet B Part I Date/Time Prepared: 5/30/2024 7:05 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	2,615,537					9.00
10.00	01000	41,790	1,080,877				10.00
11.00	01100	63,999	0	1,262,386			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	10,406	0	22,910	0	5,062,451	13.00
14.00	01400	18,750	0	38,624	0	0	14.00
15.00	01500	15,466	0	29,736	0	0	15.00
16.00	01600	32,513	0	24,757	0	21,951	16.00
17.00	01700	7,777	0	28,225	0	207,726	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,930	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	548,533	883,020	230,109	0	1,845,608	30.00
31.00	03100	72,526	197,857	50,070	0	500,922	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	17,090	0	7,484	0	68,274	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	434,828	0	89,942	0	589,588	50.00
51.00	05100	23,083	0	11,026	0	134,175	51.00
52.00	05200	57,861	0	40,100	0	365,818	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	191,553	0	98,621	0	80,881	54.00
55.00	05500	318,990	0	139,343	0	390,935	55.00
56.00	05600	8,709	0	8,335	0	5,093	56.00
56.01	05601	20,010	0	20,588	0	105,407	56.01
57.00	05700	4,857	0	12,556	0	2,944	57.00
58.00	05800	10,995	0	10,349	0	10,119	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	42,300	0	61,513	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	3,015	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	22,683	0	43,262	0	37,889	65.00
66.00	06600	111,279	0	44,734	0	0	66.00
67.00	06700	15,313	0	14,436	0	0	67.00
68.00	06800	4,842	0	10,515	0	0	68.00
69.00	06900	34,108	0	11,561	0	8,724	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	2,556	0	5,690	0	0	76.00
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	15,874	0	6,559	0	0	90.00
90.02	09002	142,532	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	148,824	0	98,714	0	686,397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	24,685	0	41,114	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	24,685	0	24,893	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,494,362	1,080,877	1,225,766	0	5,062,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	81,679	0	11,726	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	21,474	0	18,667	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	18,022	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	4	0	0	190.08
191.00	19100	RESEARCH	0	0	6,223	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,615,537	1,080,877	1,262,386	0	5,062,451	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,291,889					14.00
15.00	01500	PHARMACY	2,807	3,836,828				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	0	4,764,089			16.00
17.00	01700	SOCIAL SERVICE	24	0	0	2,262,909		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,845	0	163,258	778,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,388	0	73,140	214,975	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,262	0	112,978	32,330	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,619	0	429,610	45,274	0	50.00
51.00	05100	RECOVERY ROOM	1,301	0	42,953	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,763	0	46,948	173,169	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	21,068	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,611	0	365,457	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,385	0	276,021	0	0	55.00
56.00	05600	RADIOISOTOPE	751	0	140,641	0	0	56.00
56.01	05601	CARDIAC CATH LAB	23,517	0	372,025	0	0	56.01
57.00	05700	CT SCAN	9,535	0	242,979	0	0	57.00
58.00	05800	MRI	4,095	0	19,976	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	119,270	0	90,263	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7	0	32,009	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,098	0	88,417	0	0	65.00
66.00	06600	PHYSICAL THERAPY	746	0	62,018	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	212	0	23,242	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	100	0	13,346	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	244	0	62,461	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	567,546	0	200,341	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,910	0	99,494	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,836,828	1,376,116	0	0	73.00
74.00	07400	RENAL DIALYSIS	42	0	2,555	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	1	0	3,316	0	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,962	0	16,283	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
90.02	09002	WOUND CLINIC	2,469	0	35,226	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	40,389	0	310,369	1,018,270	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,029	0	12,736	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	62,489	0	28,842	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,291,454	3,836,828	4,764,089	2,262,909	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	399	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	13	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	23	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,291,889	3,836,828	4,764,089	2,262,909	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		20.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590 OTHER ADMIN & GENERAL					5.02
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING PROGRAM	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300 PARAMED PRGM				238,542	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	25,961,996 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	5,774,287 31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	0	0	0	1,116,482 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	14,603,295 50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	1,585,779 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,296,799 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	39,326 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	9,821,081 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	22,349,796 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	1,311,549 56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	0	8,163,439 56.01
57.00 05700 CT SCAN	0	0	0	0	2,205,583 57.00
58.00 05800 MRI	0	0	0	0	1,161,052 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	11,922,236 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	83,779 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	-171 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3,688,007 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	4,649,921 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	1,258,248 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	832,873 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	996,723 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,008,488 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,654,726 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	44,113,193 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	220,390 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950 NUTRITION THERAPY	0	0	0	0	381,471 76.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00

5/30/2024 7:05 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	549,838	90.00
90.02 09002 WOUND CLINIC	0	0	0	0	2,209,587	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	238,542	12,129,208	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	3,591,802	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	3,827,789	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	238,542	210,508,572	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	1,433,343	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	4,954,819	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	2,853,020	190.06
190.07 19007 FOUNDTION	0	0	0	0	90,994	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	507	190.08
191.00 19100 RESEARCH	0	0	0	0	467,706	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	195	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	238,542	220,309,156	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	25,961,996	30.00
31.00	03100	INTENSIVE CARE UNIT	5,774,287	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,116,482	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	14,603,295	50.00
51.00	05100	RECOVERY ROOM	1,585,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,296,799	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	39,326	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,821,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,349,796	55.00
56.00	05600	RADIOISOTOPE	1,311,549	56.00
56.01	05601	CARDIAC CATH LAB	8,163,439	56.01
57.00	05700	CT SCAN	2,205,583	57.00
58.00	05800	MRI	1,161,052	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	11,922,236	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	83,779	63.00
64.00	06400	INTRAVENOUS THERAPY	-171	64.00
65.00	06500	RESPIRATORY THERAPY	3,688,007	65.00
66.00	06600	PHYSICAL THERAPY	4,649,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,258,248	67.00
68.00	06800	SPEECH PATHOLOGY	832,873	68.00
69.00	06900	ELECTROCARDIOLOGY	996,723	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,008,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,654,726	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,113,193	73.00
74.00	07400	RENAL DIALYSIS	220,390	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION THERAPY	381,471	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	78.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00

5/30/2024 7:05 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	549,838	90.00
90.02	09002	WOUND CLINIC	0	2,209,587	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	12,129,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,591,802	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	3,827,789	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	210,508,572	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,433,343	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	4,954,819	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,853,020	190.06
190.07	19007	FOUNDATION	0	90,994	190.07
190.08	19008	GOSHEN GACC CLINIC	0	507	190.08
191.00	19100	RESEARCH	0	467,706	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	195	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	220,309,156	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	45,542	2,869	48,411	48,411 4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	47,128	3,494	50,622	771 5.01
5.02 00590	OTHER ADMIN & GENERAL	0	370,239	2,349,120	2,719,359	8,236 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	300,850	451,967	752,817	383 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	20,924	0	20,924	23 8.00
9.00 00900	HOUSEKEEPING	0	5,427	16,288	21,715	738 9.00
10.00 01000	DIETARY	0	65,016	52,615	117,631	217 10.00
11.00 01100	CAFETERIA	0	99,570	259	99,829	332 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	16,189	346,760	362,949	1,304 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	29,172	52,806	81,978	245 14.00
15.00 01500	PHARMACY	0	24,063	174,496	198,559	1,016 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	50,583	15,669	66,252	690 16.00
17.00 01700	SOCIAL SERVICE	0	12,099	461	12,560	707 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM	0	3,002	0	3,002	101 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	853,406	294,610	1,148,016	6,447 30.00
31.00 03100	INTENSIVE CARE UNIT	0	112,836	119,629	232,465	1,577 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	26,589	77,698	104,287	211 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	676,504	427,380	1,103,884	2,385 50.00
51.00 05100	RECOVERY ROOM	0	35,913	35,534	71,447	358 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	90,019	25,171	115,190	1,132 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	0	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	298,018	470,683	768,701	2,724 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	496,284	568,071	1,064,355	6,385 55.00
56.00 05600	RADIOISOTOPE	0	13,549	6,757	20,306	243 56.00
56.01 05601	CARDIAC CATH LAB	0	31,132	720,925	752,057	709 56.01
57.00 05700	CT SCAN	0	7,556	0	7,556	372 57.00
58.00 05800	MRI	0	17,107	141,691	158,798	276 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	65,809	15,211	81,020	1,828 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	4,690	0	4,690	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	35,289	146,988	182,277	1,334 65.00
66.00 06600	PHYSICAL THERAPY	0	173,128	25,780	198,908	1,189 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	23,825	15,462	39,287	394 67.00
68.00 06800	SPEECH PATHOLOGY	0	7,534	2,541	10,075	263 68.00
69.00 06900	ELECTROCARDIOLOGY	0	53,064	7,146	60,210	207 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION THERAPY	0	3,976	737	4,713	130 76.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	24,697	14,791	39,488	250	90.00
90.02 09002 WOUND CLINIC	0	221,752	4,253	226,005	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	231,540	43,785	275,325	2,691	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	38,405	10,375	48,780	1,125	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	38,405	0	38,405	678	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	4,670,831	6,642,022	11,312,853	47,671	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	127,076	50,706	177,782	210	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	33,409	21,823	55,232	394	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	6	190.06
190.07 19007 FOUNDTION	0	28,039	0	28,039	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	424	424	0	190.08
191.00 19100 RESEARCH	0	0	0	0	130	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	4,859,355	6,714,975	11,574,330	48,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	51,393					5.01
5.02	00590	OTHER ADMIN & GENERAL	0	2,727,595				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	71,674	0	824,874		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,790	0	4,214	34,951	8.00
9.00	00900	HOUSEKEEPING	0	32,286	0	1,093	0	9.00
10.00	01000	DIETARY	0	11,726	0	13,095	0	10.00
11.00	01100	CAFETERIA	0	13,094	0	20,054	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	61,979	0	3,261	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,773	0	5,875	0	14.00
15.00	01500	PHARMACY	0	46,486	0	4,846	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,115	0	10,188	0	16.00
17.00	01700	SOCIAL SERVICE	0	24,786	0	2,437	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	2,877	0	605	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,757	248,860	0	171,882	7,041	30.00
31.00	03100	INTENSIVE CARE UNIT	787	54,272	0	22,726	4,438	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,216	10,393	0	5,355	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,625	146,337	0	136,251	8,526	50.00
51.00	05100	RECOVERY ROOM	462	16,373	0	7,233	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	505	43,070	0	18,130	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	227	226	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,934	106,493	0	60,022	2,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,971	253,818	0	99,954	0	55.00
56.00	05600	RADIOISOTOPE	1,514	13,720	0	2,729	880	56.00
56.01	05601	CARDIAC CATH LAB	4,005	93,817	0	6,270	0	56.01
57.00	05700	CT SCAN	2,616	23,369	0	1,522	1,468	57.00
58.00	05800	MRI	215	13,350	0	3,445	129	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	972	142,571	0	13,254	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	345	521	0	945	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	952	42,573	0	7,107	0	65.00
66.00	06600	PHYSICAL THERAPY	668	51,829	0	34,869	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	250	14,502	0	4,798	0	67.00
68.00	06800	SPEECH PATHOLOGY	144	9,823	0	1,517	0	68.00
69.00	06900	ELECTROCARDIOLOGY	672	9,961	0	10,687	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,157	163,924	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,071	89,687	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,890	481,684	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	28	2,696	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	36	4,510	0	801	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	175	5,871	0	4,974	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
90.02	09002	WOUND CLINIC	379	21,244	0	44,662	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,341	111,668	0	46,633	10,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	137	42,798	0	7,735	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	310	44,973	0	7,735	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,361	2,611,519	0	786,904	34,951	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4	14,360	0	25,594	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	60,261	0	6,729	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	35,321	0	0	0	190.06
190.07	19007	FOUNDTION	0	413	0	5,647	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	6	0	0	0	190.08
191.00	19100	RESEARCH	28	5,713	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	51,393	2,727,595	0	824,874	34,951	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	55,832					9.00
10.00	01000	DIETARY	892	143,561				10.00
11.00	01100	CAFETERIA	1,366	0	134,675			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	222	0	2,444	0	432,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	400	0	4,121	0	0	14.00
15.00	01500	PHARMACY	330	0	3,172	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	694	0	2,641	0	1,874	16.00
17.00	01700	SOCIAL SERVICE	166	0	3,011	0	17,733	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	41	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,709	117,282	24,551	0	157,551	30.00
31.00	03100	INTENSIVE CARE UNIT	1,548	26,279	5,342	0	42,762	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	365	0	798	0	5,828	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,282	0	9,595	0	50,331	50.00
51.00	05100	RECOVERY ROOM	493	0	1,176	0	11,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,235	0	4,278	0	31,228	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,089	0	10,521	0	6,904	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,809	0	14,866	0	33,372	55.00
56.00	05600	RADIOISOTOPE	186	0	889	0	435	56.00
56.01	05601	CARDIAC CATH LAB	427	0	2,196	0	8,998	56.01
57.00	05700	CT SCAN	104	0	1,340	0	251	57.00
58.00	05800	MRI	235	0	1,104	0	864	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	903	0	6,562	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	64	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	484	0	4,615	0	3,234	65.00
66.00	06600	PHYSICAL THERAPY	2,375	0	4,772	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	327	0	1,540	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	103	0	1,122	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	728	0	1,233	0	745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	55	0	607	0	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	339	0	700	0	0	90.00
90.02	09002	WOUND CLINIC	3,043	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,177	0	10,531	0	58,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	527	0	4,386	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	527	0	2,656	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,245	143,561	130,769	0	432,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,744	0	1,251	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	458	0	1,991	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	385	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	664	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,832	143,561	134,675	0	432,159	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet B Part II Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	107,392					14.00
15.00	01500	PHARMACY	233	254,642				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	139,457			16.00
17.00	01700	SOCIAL SERVICE	2	0	0	61,402		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,312	0	4,774	21,135		30.00
31.00	03100	INTENSIVE CARE UNIT	1,445	0	2,139	5,833		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	105	0	3,304	877		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,127	0	12,563	1,228		50.00
51.00	05100	RECOVERY ROOM	108	0	1,256	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	562	0	1,373	4,699		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0	616	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	799	0	10,687	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,778	0	8,071	0		55.00
56.00	05600	RADIOISOTOPE	62	0	4,113	0		56.00
56.01	05601	CARDIAC CATH LAB	1,955	0	10,879	0		56.01
57.00	05700	CT SCAN	793	0	7,105	0		57.00
58.00	05800	MRI	340	0	584	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	9,914	0	2,639	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1	0	936	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	590	0	2,585	0		65.00
66.00	06600	PHYSICAL THERAPY	62	0	1,813	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	680	0		67.00
68.00	06800	SPEECH PATHOLOGY	8	0	390	0		68.00
69.00	06900	ELECTROCARDIOLOGY	20	0	1,826	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,185	0	5,858	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,843	0	2,909	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	254,642	40,388	0		73.00
74.00	07400	RENAL DIALYSIS	3	0	75	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03950	NUTRITION THERAPY	0	0	97	0		76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0		77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0		78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	163	0	476	0		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
90.02	09002	WOUND CLINIC	205	0	1,030	0		90.02
90.03	09003	MOBILE CLINIC	0	0	0	0		90.03
91.00	09100	EMERGENCY	3,357	0	9,076	27,630		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	169	0	372	0		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	5,194	0	843	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,356	254,642	139,457	61,402	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	33	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	1	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDTION	0	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0		190.08
191.00	19100	RESEARCH	2	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	107,392	254,642	139,457	61,402		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590	OTHER ADMIN & GENERAL					5.02
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM			6,626		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				1,924,317	30.00
31.00 03100	INTENSIVE CARE UNIT				401,613	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - IPF				0	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				132,739	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				1,488,134	50.00
51.00 05100	RECOVERY ROOM				110,360	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				221,402	52.00
53.00 05300	ANESTHESIOLOGY				0	53.00
53.01 05301	PAIN MANAGEMENT				1,069	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				977,088	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,492,379	55.00
56.00 05600	RADIOISOTOPE				45,077	56.00
56.01 05601	CARDIAC CATH LAB				881,313	56.01
57.00 05700	CT SCAN				46,496	57.00
58.00 05800	MRI				179,340	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				259,663	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.				7,502	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				245,751	65.00
66.00 06600	PHYSICAL THERAPY				296,485	66.00
67.00 06700	OCCUPATIONAL THERAPY				61,796	67.00
68.00 06800	SPEECH PATHOLOGY				23,445	68.00
69.00 06900	ELECTROCARDIOLOGY				86,289	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				219,124	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				119,510	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				791,604	73.00
74.00 07400	RENAL DIALYSIS				2,802	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
76.00 03950	NUTRITION THERAPY				10,949	76.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION				0	77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY				0	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00		
90.00 09000 CLINIC					52,436	90.00		
90.02 09002 WOUND CLINIC					296,568	90.02		
90.03 09003 MOBILE CLINIC					0	90.03		
91.00 09100 EMERGENCY					562,279	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
OTHER REIMBURSABLE COST CENTERS								
99.00 09900 CMHC					0	99.00		
101.00 10100 HOME HEALTH AGENCY					106,029	101.00		
102.00 10200 OPIOID TREATMENT PROGRAM					0	102.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE						113.00		
114.00 11400 UTILIZATION REVIEW-SNF						114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00		
116.00 11600 HOSPICE					101,321	116.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	0	11,144,880	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN					220,978	190.00		
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED					0	190.01		
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE					0	190.02		
190.03 19003 LIFELINE					0	190.03		
190.04 19004 COMMUNITY RELATIONS					125,066	190.04		
190.05 19005 PRIVATE DUTY					0	190.05		
190.06 19006 PROFESSIONAL DEVELOPMENT					35,327	190.06		
190.07 19007 FOUNDTION					34,484	190.07		
190.08 19008 GOSHEN GACC CLINIC					430	190.08		
191.00 19100 RESEARCH					6,537	191.00		
192.00 19200 PHYSICIANS PRIVATE OFFICES					2	192.00		
193.00 19300 NONPAID WORKERS					0	193.00		
200.00	Cross Foot Adjustments	0	0	0	6,626	6,626	200.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	0	0	0	6,626	11,574,330	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,924,317
31.00	03100	INTENSIVE CARE UNIT	0	401,613
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	132,739
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,488,134
51.00	05100	RECOVERY ROOM	0	110,360
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	221,402
53.00	05300	ANESTHESIOLOGY	0	0
53.01	05301	PAIN MANAGEMENT	0	1,069
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	977,088
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,492,379
56.00	05600	RADIOISOTOPE	0	45,077
56.01	05601	CARDIAC CATH LAB	0	881,313
57.00	05700	CT SCAN	0	46,496
58.00	05800	MRI	0	179,340
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	259,663
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	7,502
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	245,751
66.00	06600	PHYSICAL THERAPY	0	296,485
67.00	06700	OCCUPATIONAL THERAPY	0	61,796
68.00	06800	SPEECH PATHOLOGY	0	23,445
69.00	06900	ELECTROCARDIOLOGY	0	86,289
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	219,124
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	119,510
73.00	07300	DRUGS CHARGED TO PATIENTS	0	791,604
74.00	07400	RENAL DIALYSIS	0	2,802
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03950	NUTRITION THERAPY	0	10,949
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0

5/30/2024 7:05 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	52,436	90.00
90.02	09002	WOUND CLINIC	0	296,568	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	562,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	106,029	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	101,321	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,144,880	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	220,978	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	125,066	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	35,327	190.06
190.07	19007	FOUNDATION	0	34,484	190.07
190.08	19008	GOSHEN GACC CLINIC	0	430	190.08
191.00	19100	RESEARCH	0	6,537	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	6,626	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,574,330	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	428,935				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,582,657			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,020	3,240	86,366,704		4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	4,160	3,945	1,375,214	765,900,496	5.01
5.02 00590	OTHER ADMIN & GENERAL	32,681	2,652,662	14,758,054	0	-34,738,967 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	26,556	510,369	681,933	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,847	0	41,231	0	8.00
9.00 00900	HOUSEKEEPING	479	18,393	1,314,769	0	9.00
10.00 01000	DIETARY	5,739	59,414	386,168	0	10.00
11.00 01100	CAFETERIA	8,789	293	591,347	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,429	391,567	2,325,013	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,575	59,629	437,048	0	14.00
15.00 01500	PHARMACY	2,124	197,044	1,811,244	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,465	17,694	1,229,437	0	16.00
17.00 01700	SOCIAL SERVICE	1,068	521	1,260,116	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	265	0	179,633	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	75,330	332,678	11,492,142	26,230,411	0 30.00
31.00 03100	INTENSIVE CARE UNIT	9,960	135,087	2,811,862	11,751,354	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,347	87,738	376,435	18,151,985	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,715	482,604	4,251,016	69,024,762	0 50.00
51.00 05100	RECOVERY ROOM	3,170	40,126	637,974	6,901,190	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,946	28,424	2,017,010	7,543,063	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	3,384,958	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,306	531,503	4,855,223	58,717,435	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	43,807	641,475	11,381,460	44,347,784	0 55.00
56.00 05600	RADIOISOTOPE	1,196	7,630	432,268	22,596,516	0 56.00
56.01 05601	CARDIAC CATH LAB	2,748	814,080	1,264,615	59,772,579	0 56.01
57.00 05700	CT SCAN	667	0	662,786	39,039,012	0 57.00
58.00 05800	MRI	1,510	160,000	492,826	3,209,483	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,809	17,176	3,257,714	14,502,366	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	414	0	0	5,142,766	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	215	172 64.00
65.00 06500	RESPIRATORY THERAPY	3,115	165,981	2,378,212	14,205,893	0 65.00
66.00 06600	PHYSICAL THERAPY	15,282	29,111	2,119,686	9,964,272	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,103	17,460	701,698	3,734,188	0 67.00
68.00 06800	SPEECH PATHOLOGY	665	2,869	467,995	2,144,258	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,684	8,069	369,554	10,035,438	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	32,188,543	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,985,516	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	221,083,340	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	410,550	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION THERAPY	351	832	231,435	532,780	0 76.00
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
78.00 07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0 78.00

5/30/2024 7:05 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,180	16,702	445,316	2,616,232	0	90.00
90.02 09002 WOUND CLINIC	19,574	4,802	220	5,659,773	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	20,438	49,443	4,796,811	49,866,413	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	3,390	11,716	2,004,787	2,046,239	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	3,390	0	1,208,593	4,634,005	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	412,294	7,500,277	85,048,845	765,423,319	-34,738,795	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	11,217	57,258	373,461	60,100	0	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	2,949	24,643	702,387	0	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	10,538	0	0	190.06
190.07 19007 FOUNDTION	2,475	0	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	479	0	0	0	190.08
191.00 19100 RESEARCH	0	0	231,473	417,077	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,859,355	6,714,975	22,974,478	3,598,867		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.328884	0.885570	0.266011	0.004699		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			48,411	51,393		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000561	0.000067		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.02	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01	
5.02	00590	OTHER ADMIN & GENERAL	185,570,361				5.02	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	4,876,442	0	361,518		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	666,070	0	1,847	561,595	8.00	
9.00	00900	HOUSEKEEPING	2,196,651	0	479	0	359,192	9.00
10.00	01000	DIETARY	797,829	0	5,739	0	5,739	10.00
11.00	01100	CAFETERIA	890,869	0	8,789	0	8,789	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,216,852	0	1,429	0	1,429	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,005,120	0	2,575	0	2,575	14.00
15.00	01500	PHARMACY	3,162,737	0	2,124	0	2,124	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,885,887	0	4,465	0	4,465	16.00
17.00	01700	SOCIAL SERVICE	1,686,365	0	1,068	0	1,068	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	195,728	0	265	0	265	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,931,545	0	75,330	113,134	75,330	30.00
31.00	03100	INTENSIVE CARE UNIT	3,692,496	0	9,960	71,317	9,960	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	707,108	0	2,347	0	2,347	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,956,230	0	59,715	136,998	59,715	50.00
51.00	05100	RECOVERY ROOM	1,113,945	0	3,170	0	3,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,930,332	0	7,946	0	7,946	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	15,379	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,245,380	0	26,306	35,581	26,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,268,854	0	43,807	0	43,807	55.00
56.00	05600	RADIOISOTOPE	933,461	0	1,196	14,144	1,196	56.00
56.01	05601	CARDIAC CATH LAB	6,382,985	0	2,748	0	2,748	56.01
57.00	05700	CT SCAN	1,589,944	0	667	23,583	667	57.00
58.00	05800	MRI	908,273	0	1,510	2,077	1,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,700,013	0	5,809	0	5,809	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	35,477	0	414	0	414	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,896,540	0	3,115	0	3,115	65.00
66.00	06600	PHYSICAL THERAPY	3,526,293	0	15,282	0	15,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	986,664	0	2,103	0	2,103	67.00
68.00	06800	SPEECH PATHOLOGY	668,312	0	665	0	665	68.00
69.00	06900	ELECTROCARDIOLOGY	677,742	0	4,684	0	4,684	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,152,788	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,102,018	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,766,346	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	183,451	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	306,845	0	351	0	351	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

5/30/2024 7:05 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.02	6.00	7.00	8.00	9.00	
90.00	09000	CLINIC	399,469	0	2,180	0	2,180	90.00
90.02	09002	WOUND CLINIC	1,445,336	0	19,574	0	19,574	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,597,484	0	20,438	164,761	20,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,911,850	0	3,390	0	3,390	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	3,059,796	0	3,390	0	3,390	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,672,906	0	344,877	561,595	342,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	977,013	0	11,217	0	11,217	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	4,099,929	0	2,949	0	2,949	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	2,403,148	0	0	0	0	190.06
190.07	19007	FOUNDATION	28,081	0	2,475	0	2,475	190.07
190.08	19008	GOSHEN GACC CLINIC	424	0	0	0	0	190.08
191.00	19100	RESEARCH	388,696	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	164	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	34,738,967	0	5,789,317	820,337	2,615,537	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.187201	0.000000	16.013911	1.460727	7.281724	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,727,595	0	824,874	34,951	55,832	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014698	0.000000	2.281696	0.062235	0.155438	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	70,816					10.00
11.00	01100	0	1,634,129				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	29,657	0	522,827		13.00
14.00	01400	0	49,998	0	0	25,042,832	14.00
15.00	01500	0	38,492	0	0	54,422	15.00
16.00	01600	0	32,047	0	2,267	719	16.00
17.00	01700	0	36,536	0	21,453	468	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	57,853	297,872	0	190,606	772,394	30.00
31.00	03100	12,963	64,815	0	51,733	337,071	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	9,688	0	7,051	24,467	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	116,428	0	60,890	729,227	50.00
51.00	05100	0	14,273	0	13,857	25,211	51.00
52.00	05200	0	51,908	0	37,780	131,101	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	0	127,662	0	8,353	186,300	54.00
55.00	05500	0	180,376	0	40,374	414,549	55.00
56.00	05600	0	10,790	0	526	14,559	56.00
56.01	05601	0	26,651	0	10,886	455,878	56.01
57.00	05700	0	16,254	0	304	184,839	57.00
58.00	05800	0	13,396	0	1,045	79,390	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	79,627	0	0	2,312,022	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	142	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	56,001	0	3,913	137,597	65.00
66.00	06600	0	57,907	0	0	14,466	66.00
67.00	06700	0	18,687	0	0	4,106	67.00
68.00	06800	0	13,611	0	0	1,944	68.00
69.00	06900	0	14,965	0	901	4,739	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	11,001,534	71.00
72.00	07200	0	0	0	0	6,026,902	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	812	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	7,366	0	0	18	76.00
77.00	07700	0	0	0	0	0	77.00
78.00	07800	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

5/30/2024 7:05 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	8,491	0	38,041	90.00
90.02	09002	WOUND CLINIC	0	0	0	47,870	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	127,783	0	70,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				782,922	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	53,221	0	39,339	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	32,224	0	1,211,340	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,816	1,586,726	0	522,827	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	15,179	0	7,736	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	24,164	0	254	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	5	0	0	190.08
191.00	19100	RESEARCH	0	8,055	0	453	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,080,877	1,262,386	0	5,062,451	1,291,889
203.00		Unit cost multiplier (Wkst. B, Part I)	15.263175	0.772513	0.000000	9.682842	0.051587
204.00		Cost to be allocated (per Wkst. B, Part II)	143,561	134,675	0	432,159	107,392
205.00		Unit cost multiplier (Wkst. B, Part II)	2.027240	0.082414	0.000000	0.826581	0.004288
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2023 To 12/31/2023

Worksheet B-1

Date/Time Prepared: 5/30/2024 7:05 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	31,727,574					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	765,423,319				16.00
17.00	01700	SOCIAL SERVICE	0	0	36,537			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	26,230,411	12,576	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,751,354	3,471	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	18,151,985	522	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	69,024,762	731	0	0	50.00
51.00	05100	RECOVERY ROOM	0	6,901,190	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,543,063	2,796	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	3,384,958	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,717,435	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	44,347,784	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	22,596,516	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	59,772,579	0	0	0	56.01
57.00	05700	CT SCAN	0	39,039,012	0	0	0	57.00
58.00	05800	MRI	0	3,209,483	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	14,502,366	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	5,142,766	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	215	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,205,893	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,964,272	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,734,188	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,144,258	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,035,438	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,188,543	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,985,516	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,727,574	221,083,340	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	410,550	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	532,780	0	0	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

5/30/2024 7:05 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,616,232	0	0	90.00
90.02	09002	WOUND CLINIC	0	5,659,773	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	49,866,413	16,441	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	2,046,239	0	0	101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	4,634,005	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,727,574	765,423,319	36,537	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,836,828	4,764,089	2,262,909	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.120930	0.006224	61.934724	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	254,642	139,457	61,402	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008026	0.000182	1.680543	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02 00590 OTHER ADMIN & GENERAL				5.02
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING PROGRAM				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300 PARAMED PRGM			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	76.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	78.00

5/30/2024 7:05 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet B-1

Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	21.00	22.00		
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.02 09002 WOUND CLINIC	0	0	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS				
99.00 09900 CMHC	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTILIZATION REVIEW-SNF				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 11600 HOSPICE			0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	190.04
190.05 19005 PRIVATE DUTY	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	190.06
190.07 19007 FOUNDTION	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	193.00
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	238,542	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,385.420000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	6,626	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	66.260000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	25,961,996		25,961,996	0	25,961,996	30.00
31.00	03100 INTENSIVE CARE UNIT	5,774,287		5,774,287	0	5,774,287	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	1,116,482		1,116,482	0	1,116,482	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,603,295		14,603,295	0	14,603,295	50.00
51.00	05100 RECOVERY ROOM	1,585,779		1,585,779	0	1,585,779	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,296,799		4,296,799	0	4,296,799	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	39,326		39,326	0	39,326	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,821,081		9,821,081	29,758	9,850,839	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	22,349,796		22,349,796	66,756	22,416,552	55.00
56.00	05600 RADIOISOTOPE	1,311,549		1,311,549	0	1,311,549	56.00
56.01	05601 CARDIAC CATH LAB	8,163,439		8,163,439	0	8,163,439	56.01
57.00	05700 CT SCAN	2,205,583		2,205,583	0	2,205,583	57.00
58.00	05800 MRI	1,161,052		1,161,052	0	1,161,052	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	11,922,236		11,922,236	0	11,922,236	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	83,779		83,779	0	83,779	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,688,007	0	3,688,007	0	3,688,007	65.00
66.00	06600 PHYSICAL THERAPY	4,649,921	0	4,649,921	0	4,649,921	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,258,248	0	1,258,248	0	1,258,248	67.00
68.00	06800 SPEECH PATHOLOGY	832,873	0	832,873	0	832,873	68.00
69.00	06900 ELECTROCARDIOLOGY	996,723		996,723	0	996,723	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,008,488		14,008,488	0	14,008,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,654,726		7,654,726	0	7,654,726	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,113,193		44,113,193	0	44,113,193	73.00
74.00	07400 RENAL DIALYSIS	220,390		220,390	0	220,390	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 NUTRITION THERAPY	381,471		381,471	0	381,471	76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0		0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	549,838		549,838	0	549,838	90.00
90.02	09002 WOUND CLINIC	2,209,587		2,209,587	0	2,209,587	90.02
90.03	09003 MOBILE CLINIC	0		0	0	0	90.03
91.00	09100 EMERGENCY	12,129,208		12,129,208	136,753	12,265,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,296,664		5,296,664	0	5,296,664	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,591,802		3,591,802	0	3,591,802	101.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600 HOSPICE	3,827,789		3,827,789	0	3,827,789	116.00
200.00	Subtotal (see instructions)	215,805,407	0	215,805,407	233,267	216,038,674	200.00
201.00	Less Observation Beds	5,296,664		5,296,664	0	5,296,664	201.00
202.00	Total (see instructions)	210,508,743	0	210,508,743	233,267	210,742,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,230,411		26,230,411		30.00
31.00	03100	INTENSIVE CARE UNIT	11,751,354		11,751,354		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	18,151,985		18,151,985		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,869,266	52,155,495	69,024,761	0.211566	50.00
51.00	05100	RECOVERY ROOM	2,128,555	4,772,635	6,901,190	0.229783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,917,947	625,116	7,543,063	0.569636	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	797,368	2,587,590	3,384,958	0.011618	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,495,170	50,222,266	58,717,436	0.167260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	921,318	43,426,466	44,347,784	0.503966	55.00
56.00	05600	RADIOISOTOPE	1,442,112	21,154,404	22,596,516	0.058042	56.00
56.01	05601	CARDIAC CATH LAB	24,166,675	35,605,904	59,772,579	0.136575	56.01
57.00	05700	CT SCAN	8,126,663	30,912,350	39,039,013	0.056497	57.00
58.00	05800	MRI	267,024	2,942,459	3,209,483	0.361757	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,698,921	9,803,445	14,502,366	0.822089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,406,031	1,736,735	5,142,766	0.016291	63.00
64.00	06400	INTRAVENOUS THERAPY	0	215	215	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,942,230	4,263,663	14,205,893	0.259611	65.00
66.00	06600	PHYSICAL THERAPY	1,612,528	8,351,744	9,964,272	0.466659	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,456,746	2,277,442	3,734,188	0.336954	67.00
68.00	06800	SPEECH PATHOLOGY	203,421	1,940,837	2,144,258	0.388420	68.00
69.00	06900	ELECTROCARDIOLOGY	4,959,639	5,075,799	10,035,438	0.099320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,410,273	18,778,270	32,188,543	0.435201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,588,399	11,397,117	15,985,516	0.478854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,949,422	197,133,918	221,083,340	0.199532	73.00
74.00	07400	RENAL DIALYSIS	325,290	85,260	410,550	0.536816	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	388,836	143,944	532,780	0.716001	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	5,338	2,610,894	2,616,232	0.210164	90.00
90.02	09002	WOUND CLINIC	3,724	5,656,049	5,659,773	0.390402	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	9,146,361	40,720,052	49,866,413	0.243234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,346,445	7,831,875	9,178,320	0.577084	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,046,239	2,046,239		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	4,634,005	4,634,005		116.00
200.00		Subtotal (see instructions)	205,709,452	568,892,188	774,601,640		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	205,709,452	568,892,188	774,601,640		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.211566			50.00
51.00	05100 RECOVERY ROOM	0.229783			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.569636			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.011618			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.167767			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.505472			55.00
56.00	05600 RADIOISOTOPE	0.058042			56.00
56.01	05601 CARDIAC CATH LAB	0.136575			56.01
57.00	05700 CT SCAN	0.056497			57.00
58.00	05800 MRI	0.361757			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.822089			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.016291			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.259611			65.00
66.00	06600 PHYSICAL THERAPY	0.466659			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.336954			67.00
68.00	06800 SPEECH PATHOLOGY	0.388420			68.00
69.00	06900 ELECTROCARDIOLOGY	0.099320			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.435201			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.478854			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.199532			73.00
74.00	07400 RENAL DIALYSIS	0.536816			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	0.716001			76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.210164			90.00
90.02	09002 WOUND CLINIC	0.390402			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.245976			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577084			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		25,961,996		0	25,961,996	30.00
31.00	03100 INTENSIVE CARE UNIT		5,774,287		0	5,774,287	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		1,116,482		0	1,116,482	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		14,603,295		0	14,603,295	50.00
51.00	05100 RECOVERY ROOM		1,585,779		0	1,585,779	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,296,799		0	4,296,799	52.00
53.00	05300 ANESTHESIOLOGY		0		0	0	53.00
53.01	05301 PAIN MANAGEMENT		39,326		0	39,326	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,821,081		29,758	9,850,839	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		22,349,796		66,756	22,416,552	55.00
56.00	05600 RADIOISOTOPE		1,311,549		0	1,311,549	56.00
56.01	05601 CARDIAC CATH LAB		8,163,439		0	8,163,439	56.01
57.00	05700 CT SCAN		2,205,583		0	2,205,583	57.00
58.00	05800 MRI		1,161,052		0	1,161,052	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		11,922,236		0	11,922,236	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0		0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.		83,779		0	83,779	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,688,007	0	0	3,688,007	65.00
66.00	06600 PHYSICAL THERAPY	0	4,649,921	0	0	4,649,921	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,258,248	0	0	1,258,248	67.00
68.00	06800 SPEECH PATHOLOGY	0	832,873	0	0	832,873	68.00
69.00	06900 ELECTROCARDIOLOGY		996,723		0	996,723	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		14,008,488		0	14,008,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,654,726		0	7,654,726	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		44,113,193		0	44,113,193	73.00
74.00	07400 RENAL DIALYSIS		220,390		0	220,390	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03950 NUTRITION THERAPY		381,471		0	381,471	76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION		0		0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY		0		0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		549,838		0	549,838	90.00
90.02	09002 WOUND CLINIC		2,209,587		0	2,209,587	90.02
90.03	09003 MOBILE CLINIC		0		0	0	90.03
91.00	09100 EMERGENCY		12,129,208		136,753	12,265,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,296,664		0	5,296,664	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC		0		0	0	99.00
101.00	10100 HOME HEALTH AGENCY		3,591,802		0	3,591,802	101.00
102.00	10200 OPIOID TREATMENT PROGRAM		0		0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0	115.00
116.00	11600 HOSPICE		3,827,789		0	3,827,789	116.00
200.00	Subtotal (see instructions)		215,805,407	0	233,267	216,038,674	200.00
201.00	Less Observation Beds		5,296,664		0	5,296,664	201.00
202.00	Total (see instructions)		210,508,743	0	233,267	210,742,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,230,411		26,230,411		30.00
31.00	03100	INTENSIVE CARE UNIT	11,751,354		11,751,354		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	18,151,985		18,151,985		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,869,266	52,155,495	69,024,761	0.211566	50.00
51.00	05100	RECOVERY ROOM	2,128,555	4,772,635	6,901,190	0.229783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,917,947	625,116	7,543,063	0.569636	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	797,368	2,587,590	3,384,958	0.011618	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,495,170	50,222,266	58,717,436	0.167260	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	921,318	43,426,466	44,347,784	0.503966	55.00
56.00	05600	RADIOISOTOPE	1,442,112	21,154,404	22,596,516	0.058042	56.00
56.01	05601	CARDIAC CATH LAB	24,166,675	35,605,904	59,772,579	0.136575	56.01
57.00	05700	CT SCAN	8,126,663	30,912,350	39,039,013	0.056497	57.00
58.00	05800	MRI	267,024	2,942,459	3,209,483	0.361757	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,698,921	9,803,445	14,502,366	0.822089	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,406,031	1,736,735	5,142,766	0.016291	63.00
64.00	06400	INTRAVENOUS THERAPY	0	215	215	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,942,230	4,263,663	14,205,893	0.259611	65.00
66.00	06600	PHYSICAL THERAPY	1,612,528	8,351,744	9,964,272	0.466659	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,456,746	2,277,442	3,734,188	0.336954	67.00
68.00	06800	SPEECH PATHOLOGY	203,421	1,940,837	2,144,258	0.388420	68.00
69.00	06900	ELECTROCARDIOLOGY	4,959,639	5,075,799	10,035,438	0.099320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,410,273	18,778,270	32,188,543	0.435201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,588,399	11,397,117	15,985,516	0.478854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,949,422	197,133,918	221,083,340	0.199532	73.00
74.00	07400	RENAL DIALYSIS	325,290	85,260	410,550	0.536816	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	388,836	143,944	532,780	0.716001	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	5,338	2,610,894	2,616,232	0.210164	90.00
90.02	09002	WOUND CLINIC	3,724	5,656,049	5,659,773	0.390402	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	9,146,361	40,720,052	49,866,413	0.243234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,346,445	7,831,875	9,178,320	0.577084	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	2,046,239	2,046,239		101.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	4,634,005	4,634,005		116.00
200.00		Subtotal (see instructions)	205,709,452	568,892,188	774,601,640		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	205,709,452	568,892,188	774,601,640		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet C
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.000000			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	05601 CARDIAC CATH LAB	0.000000			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	0.000000			76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000			77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000			78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.02	09002 WOUND CLINIC	0.000000			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
102.00	10200 OPIOID TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet D
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,924,317	0	1,924,317	17,528	109.79	30.00
31.00	INTENSIVE CARE UNIT	401,613		401,613	2,591	155.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	132,739		132,739	1,678	79.11	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	2,458,669		2,458,669	21,797		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,656	401,392				
31.00	INTENSIVE CARE UNIT	667	103,385				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	4,323	504,777				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part II Date/Time Prepared: 5/30/2024 7:05 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,488,134	69,024,761	0.021559	4,162,786	89,746	50.00
51.00	05100 RECOVERY ROOM	110,360	6,901,190	0.015991	531,779	8,504	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	221,402	7,543,063	0.029352	9,614	282	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	1,069	3,384,958	0.000316	166,324	53	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	977,088	58,717,436	0.016641	2,785,263	46,350	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,492,379	44,347,784	0.033652	245,002	8,245	55.00
56.00	05600 RADIOISOTOPE	45,077	22,596,516	0.001995	520,069	1,038	56.00
56.01	05601 CARDIAC CATH LAB	881,313	59,772,579	0.014744	7,701,669	113,553	56.01
57.00	05700 CT SCAN	46,496	39,039,013	0.001191	2,509,657	2,989	57.00
58.00	05800 MRI	179,340	3,209,483	0.055878	72,436	4,048	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	259,663	14,502,366	0.017905	1,580,267	28,295	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	7,502	5,142,766	0.001459	817,387	1,193	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	245,751	14,205,893	0.017299	2,771,031	47,936	65.00
66.00	06600 PHYSICAL THERAPY	296,485	9,964,272	0.029755	595,106	17,707	66.00
67.00	06700 OCCUPATIONAL THERAPY	61,796	3,734,188	0.016549	533,179	8,824	67.00
68.00	06800 SPEECH PATHOLOGY	23,445	2,144,258	0.010934	72,408	792	68.00
69.00	06900 ELECTROCARDIOLOGY	86,289	10,035,438	0.008598	1,532,161	13,174	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	219,124	32,188,543	0.006808	3,523,808	23,990	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	119,510	15,985,516	0.007476	1,727,503	12,915	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	791,604	221,083,340	0.003581	6,252,652	22,391	73.00
74.00	07400 RENAL DIALYSIS	2,802	410,550	0.006825	130,200	889	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 NUTRITION THERAPY	10,949	532,780	0.020551	119,095	2,448	76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0	0	0.000000	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	52,436	2,616,232	0.020043	5,338	107	90.00
90.02	09002 WOUND CLINIC	296,568	5,659,773	0.052399	2,139	112	90.02
90.03	09003 MOBILE CLINIC	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	562,279	49,866,413	0.011276	2,843,753	32,066	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	392,594	9,178,320	0.042774	402,639	17,222	92.00
200.00	Total (lines 50 through 199)	8,871,455	711,787,431		41,613,265	504,869	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet D Part III Date/Time Prepared: 5/30/2024 7:05 pm		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0		200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	17,528	0.00	3,656		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,591	0.00	667		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00
43.00	04300	NURSERY	0	0	1,678	0.00	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0		45.00
200.00		Total (lines 30 through 199)	0	0	21,797		4,323		200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet D
Part IV
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description			Title XVIII				Hospital		PPS	
			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	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY								61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	0	0	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	238,542	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	238,542	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:05 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	69,024,761	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,901,190	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	7,543,063	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	3,384,958	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	58,717,436	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	44,347,784	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	22,596,516	0.000000	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	59,772,579	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	39,039,013	0.000000	57.00
58.00 05800 MRI	0	0	0	3,209,483	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	14,502,366	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	5,142,766	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	215	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	14,205,893	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,964,272	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,734,188	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,144,258	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,035,438	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	32,188,543	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,985,516	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	221,083,340	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	410,550	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00 03950 NUTRITION THERAPY	0	0	0	532,780	0.000000	76.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
78.00 07800 CAR T-CELL IMMUNOTHERAPY	0	0	0	0	0.000000	78.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	2,616,232	0.000000	90.00
90.02 09002 WOUND CLINIC	0	0	0	5,659,773	0.000000	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	238,542	238,542	49,866,413	0.004784	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,178,320	0.000000	92.00
200.00 Total (lines 50 through 199)	0	238,542	238,542	711,787,646		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part IV Date/Time Prepared: 5/30/2024 7:05 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	4,162,786	0	9,018,430	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	531,779	0	1,530,329	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	9,614	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.000000	166,324	0	532,911	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,785,263	0	10,261,335	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	245,002	0	13,749,837	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	520,069	0	5,473,604	0	56.00
56.01	05601 CARDIAC CATH LAB	0.000000	7,701,669	0	12,049,385	0	56.01
57.00	05700 CT SCAN	0.000000	2,509,657	0	5,499,784	0	57.00
58.00	05800 MRI	0.000000	72,436	0	575,797	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,580,267	0	2,378,292	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	817,387	0	400,487	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,771,031	0	1,288,545	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	595,106	0	60,125	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	533,179	0	31,934	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	72,408	0	11,041	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,532,161	0	863,671	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,523,808	0	3,968,158	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,727,503	0	3,387,355	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,252,652	0	61,286,188	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	130,200	0	13,860	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION THERAPY	0.000000	119,095	0	2,146	0	76.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800 CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	5,338	0	626,573	0	90.00
90.02	09002 WOUND CLINIC	0.000000	2,139	0	1,563,475	0	90.02
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.004784	2,843,753	13,605	4,410,246	21,099	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	402,639	0	1,696,038	0	92.00
200.00	Total (lines 50 through 199)		41,613,265	13,605	140,679,546	21,099	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.211566	9,018,430	0	0	1,907,993	50.00
51.00	05100	RECOVERY ROOM	0.229783	1,530,329	0	0	351,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569636	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.011618	532,911	0	0	6,191	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167260	10,261,335	0	0	1,716,311	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.503966	13,749,837	0	172	6,929,450	55.00
56.00	05600	RADIOISOTOPE	0.058042	5,473,604	0	0	317,699	56.00
56.01	05601	CARDIAC CATH LAB	0.136575	12,049,385	0	0	1,645,645	56.01
57.00	05700	CT SCAN	0.056497	5,499,784	0	0	310,721	57.00
58.00	05800	MRI	0.361757	575,797	0	0	208,299	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.822089	2,378,292	0	0	1,955,168	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.016291	400,487	0	0	6,524	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.259611	1,288,545	0	0	334,520	65.00
66.00	06600	PHYSICAL THERAPY	0.466659	60,125	0	0	28,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336954	31,934	0	0	10,760	67.00
68.00	06800	SPEECH PATHOLOGY	0.388420	11,041	0	0	4,289	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099320	863,671	0	0	85,780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435201	3,968,158	0	0	1,726,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.478854	3,387,355	0	0	1,622,048	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199532	61,286,188	0	47,832	12,228,556	73.00
74.00	07400	RENAL DIALYSIS	0.536816	13,860	0	0	7,440	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0.716001	2,146	0	0	1,537	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0	0	0	78.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.210164	626,573	0	0	131,683	90.00
90.02	09002	WOUND CLINIC	0.390402	1,563,475	0	0	610,384	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.243234	4,410,246	0	683	1,072,722	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577084	1,696,038	0	0	978,756	92.00
200.00		Subtotal (see instructions)		140,679,546	0	48,687	34,199,124	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		140,679,546	0	48,687	34,199,124	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D Part V Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	87	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,544	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0	0	78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	9,797	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	9,797	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2024 7:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,528	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)		13,952	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,656	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		25,961,996	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		25,961,996	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)		25,961,996	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,481.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,415,158	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)		5,415,158	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,774,287	2,591	2,228.59	667	1,486,470		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,218,315		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)					17,119,943		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)					504,777		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					518,474		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,023,251		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,096,692		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,576		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,481.17		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,296,664		89.00

5/30/2024 7:05 pm

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2023 To 12/31/2023		Worksheet D-1 Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,924,317	25,961,996	0.074121	5,296,664	392,594	90.00
91.00	Nursing Program cost	0	25,961,996	0.000000	5,296,664	0	91.00
92.00	Allied health cost	0	25,961,996	0.000000	5,296,664	0	92.00
93.00	All other Medical Education	0	25,961,996	0.000000	5,296,664	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,955,620	30.00
31.00	03100	INTENSIVE CARE UNIT		2,859,283	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211566	4,162,786	880,704 50.00
51.00	05100	RECOVERY ROOM	0.229783	531,779	122,194 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569636	9,614	5,476 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.011618	166,324	1,932 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167767	2,785,263	467,275 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.505472	245,002	123,842 55.00
56.00	05600	RADIOISOTOPE	0.058042	520,069	30,186 56.00
56.01	05601	CARDIAC CATH LAB	0.136575	7,701,669	1,051,855 56.01
57.00	05700	CT SCAN	0.056497	2,509,657	141,788 57.00
58.00	05800	MRI	0.361757	72,436	26,204 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.822089	1,580,267	1,299,120 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.016291	817,387	13,316 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.259611	2,771,031	719,390 65.00
66.00	06600	PHYSICAL THERAPY	0.466659	595,106	277,712 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336954	533,179	179,657 67.00
68.00	06800	SPEECH PATHOLOGY	0.388420	72,408	28,125 68.00
69.00	06900	ELECTROCARDIOLOGY	0.099320	1,532,161	152,174 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435201	3,523,808	1,533,565 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.478854	1,727,503	827,222 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199532	6,252,652	1,247,604 73.00
74.00	07400	RENAL DIALYSIS	0.536816	130,200	69,893 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION THERAPY	0.716001	119,095	85,272 76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.210164	5,338	1,122 90.00
90.02	09002	WOUND CLINIC	0.390402	2,139	835 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.245976	2,843,753	699,495 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577084	402,639	232,357 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		41,613,265	10,218,315 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		41,613,265	10,218,315 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet D-3 Date/Time Prepared: 5/30/2024 7:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,471,239	30.00
31.00	03100	INTENSIVE CARE UNIT		258,315	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.211566	348,950	73,826 50.00
51.00	05100	RECOVERY ROOM	0.229783	45,860	10,538 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.569636	569,846	324,605 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.011618	21,406	249 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.167260	158,890	26,576 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.503966	71,080	35,822 55.00
56.00	05600	RADIOISOTOPE	0.058042	36,179	2,100 56.00
56.01	05601	CARDIAC CATH LAB	0.136575	390,860	53,382 56.01
57.00	05700	CT SCAN	0.056497	210,208	11,876 57.00
58.00	05800	MRI	0.361757	7,306	2,643 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.822089	143,905	118,303 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.016291	120,418	1,962 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.259611	206,897	53,713 65.00
66.00	06600	PHYSICAL THERAPY	0.466659	30,620	14,289 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336954	28,177	9,494 67.00
68.00	06800	SPEECH PATHOLOGY	0.388420	2,299	893 68.00
69.00	06900	ELECTROCARDIOLOGY	0.099320	109,811	10,906 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.435201	322,950	140,548 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.478854	15,179	7,269 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.199532	593,653	118,453 73.00
74.00	07400	RENAL DIALYSIS	0.536816	13,860	7,440 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION THERAPY	0.716001	8,225	5,889 76.00
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
78.00	07800	CAR T-CELL IMMUNOTHERAPY	0.000000	0	0 78.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.210164	0	0 90.00
90.02	09002	WOUND CLINIC	0.390402	263	103 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.243234	226,040	54,981 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577084	38,661	22,311 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,721,543	1,108,171 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		3,721,543	1,108,171 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,637,518	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,982,425	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		131,306	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		122,637	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		95.20	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.05	31.00
32.00	Sum of lines 30 and 31		24.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.18	33.00
34.00	Disproportionate share adjustment (see instructions)		266,678	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Payment Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,874,403,459	0	35.00
35.01	Factor 3 (see instructions)	0.000293004	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)	2,014,228	1,611,789	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,506,532	405,149	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,911,681		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	14,052,245		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		14,052,245	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		886,697	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		9,557	53.00
54.00	Special add-on payments for new technologies		44,834	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		13,605	58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,006,938	59.00
60.00	Primary payer payments		11,408	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,995,530	61.00
62.00	Deductibles billed to program beneficiaries		1,413,916	62.00
63.00	Coinurance billed to program beneficiaries		6,400	63.00
64.00	Allowable bad debts (see instructions)		65,079	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		42,301	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,354	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,617,515	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-12,238	70.93
70.94	HRR adjustment amount (see instructions)		-1,491	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part A Date/Time Prepared: 5/30/2024 7:05 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3	0		0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,603,786	71.00
71.01	Sequestration adjustment (see instructions)			272,076	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			12,910,704	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			421,006	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			490,113	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,637,518	0	8,637,518		8,637,518	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,982,425	0		2,982,425	2,982,425	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	131,306	0	131,306		131,306	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	122,637	0		122,637	122,637	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0918	0.0918	0.0918	0.0918		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	266,678	0	198,231	68,447	266,678	11.00
11.01	Uncompensated care payments	36.00	1,911,681	0	1,506,532	405,149	1,911,681	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,052,245	0	10,473,587	3,578,658	14,052,245	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,052,245	0	10,473,587	3,578,658	14,052,245	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	886,697	0	652,883	233,814	886,697	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	44,834	0	44,834	0	44,834	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	11,171,304	3,812,472	14,983,776	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	881,509	0	650,665	230,844	881,509	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,188	0	2,218	2,970	5,188	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	886,697	0	652,883	233,814	886,697	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,637,518	8,637,518		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,982,425		2,982,425	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00				2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	131,306	131,306		2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	122,637		122,637	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0918	0.0918	0.0918	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	266,678	198,231	68,447	11.00	
11.01	Uncompensated care payments	36.00	1,911,681	1,506,532	405,149	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	14,052,245	10,473,587	3,578,658	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,052,245	10,473,587	3,578,658	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	886,697	652,883	233,814	16.00	
17.00	Special add-on payments for new technologies	54.00	44,834	44,834	0	17.00	
17.01	Net organ acquisition cost					17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			11,171,304	3,812,472	14,983,776	19.00

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	881,509	650,665	230,844	881,509	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	5,188	2,218	2,970	5,188	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	886,697	652,883	233,814	886,697	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-12,238	0	-12,238	-12,238	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-1,491	0	-1,491	-1,491	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,797	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,178,025	2.00
3.00	OPPS or REH payments		23,946,991	3.00
4.00	Outlier payment (see instructions)		131,919	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 including REH direct graduate medical education costs from Wkst. D, Pt. IV, col. 13, line 200		21,099	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,797	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		48,687	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)		48,687	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		48,687	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		38,890	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)		9,797	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)		24,100,009	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,983,559	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)		20,126,247	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		20,126,247	30.00
31.00	Primary payer payments		881	31.00
32.00	Subtotal (line 30 minus line 31)		20,125,366	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)		28,283	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		18,384	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		20,143,750	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-19	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		20,143,769	40.00
40.01	Sequestration adjustment (see instructions)		402,875	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		19,870,235	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-129,341	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		402,507	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E Part B Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS
94.00	Total (sum of lines 91 and 93)			1.00 0 94.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			1.00 0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2024 7:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,910,704		19,834,735	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	08/30/2023	35,500	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		35,500	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)		12,910,704		19,870,235	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		421,006		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		129,341	6.02	
7.00	Total Medicare program liability (see instructions)		13,331,710		19,740,894	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Title XVIII		Hospital	PPS
			1.00

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

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet E-5 Date/Time Prepared: 5/30/2024 7:05 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet G

Date/Time Prepared:
5/30/2024 7:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,051,448	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	111,208,821	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-78,553,595	0	0	0	6.00
7.00	Inventory	8,944,698	0	0	0	7.00
8.00	Prepaid expenses	14,487,930	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,139,302	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,307,076	0	0	0	12.00
13.00	Land improvements	4,951,776	0	0	0	13.00
14.00	Accumulated depreciation	-2,679,468	0	0	0	14.00
15.00	Buildings	186,274,868	0	0	0	15.00
16.00	Accumulated depreciation	-58,226,846	0	0	0	16.00
17.00	Leasehold improvements	36,948	0	0	0	17.00
18.00	Accumulated depreciation	-36,948	0	0	0	18.00
19.00	Fixed equipment	22,686,169	0	0	0	19.00
20.00	Accumulated depreciation	-12,884,549	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	143,844,452	0	0	0	23.00
24.00	Accumulated depreciation	-100,312,219	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	189,961,259	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	226,460,852	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	226,460,852	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	473,561,413	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	44,302,200	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,454,212	0	0	0	38.00
39.00	Payroll taxes payable	226,367	0	0	0	39.00
40.00	Notes and loans payable (short term)	18,067,288	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,053,619	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	74,103,686	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	86,061,831	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,739,683	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	87,801,514	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	161,905,200	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	311,656,213				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)	311,656,213	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	473,561,413	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-1

Date/Time Prepared:
5/30/2024 7:05 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		328,327,878			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-14,335,823				2.00
3.00	Total (sum of line 1 and line 2)		313,992,055			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)		313,992,055			0	11.00
12.00	PRIOR PERIOD CHANGE IN GENERAL FUND	5		0		0	12.00
13.00	EQUITY TRANSFER	2,335,837		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)		2,335,842			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		311,656,213			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	PRIOR PERIOD CHANGE IN GENERAL FUND		0				12.00
13.00	EQUITY TRANSFER		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,693,620		61,693,620	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	61,693,620		61,693,620	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,245,956		12,245,956	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,245,956		12,245,956	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,939,576		73,939,576	17.00
18.00	Ancillary services	131,811,380	516,053,435	647,864,815	18.00
19.00	Outpatient services	9,358,742	49,946,454	59,305,196	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,046,239	2,046,239	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	4,634,005	4,634,005	26.00
27.00	PROFESSIONAL REVENUE	0	26,044,838	26,044,838	27.00
27.01	NON REIMBURSABLE	0	60,100	60,100	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	215,109,698	598,785,071	813,894,769	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		290,054,828		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)		290,054,828		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2023
To 12/31/2023

Worksheet G-3

Date/Time Prepared:
5/30/2024 7:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	813,894,769	1.00
2.00	Less contractual allowances and discounts on patients' accounts	569,770,958	2.00
3.00	Net patient revenues (line 1 minus line 2)	244,123,811	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	290,054,828	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-45,931,017	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,192,606	6.00
7.00	Income from investments	29,521,351	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	69,309	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	251,020	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,571,984	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	-2,011,076	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	31,595,194	25.00
26.00	Total (line 5 plus line 25)	-14,335,823	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)	-14,335,823	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet H

HHA CCN: 15-7174

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		2,100	2,100	2.00
3.00	Plant Operation & Maintenance	0	0	17,854	290	18,144	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	728,233	0	64,417	134,331	99,927	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	686,454	0	0	0	686,454	6.00
7.00	Physical Therapy	297,673	0	0	0	297,673	7.00
8.00	Occupational Therapy	122,302	0	0	0	122,302	8.00
9.00	Speech Pathology	40,769	0	0	0	40,769	9.00
10.00	Medical Social Services	76,278	0	0	0	76,278	10.00
11.00	Home Health Aide	53,078	0	0	0	53,078	11.00
12.00	Supplies (see instructions)	0	0	0	1,655	1,655	12.00
13.00	Drugs	0	0	0	90	90	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,004,787	0	64,417	152,185	104,062	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	2,100	0	2,100		2.00
3.00	Plant Operation & Maintenance	0	18,144	0	18,144		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,026,908	-4,614	1,022,294		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	686,454	0	686,454		6.00
7.00	Physical Therapy	0	297,673	0	297,673		7.00
8.00	Occupational Therapy	0	122,302	0	122,302		8.00
9.00	Speech Pathology	0	40,769	0	40,769		9.00
10.00	Medical Social Services	0	76,278	0	76,278		10.00
11.00	Home Health Aide	0	53,078	0	53,078		11.00
12.00	Supplies (see instructions)	-587	1,068	0	1,068		12.00
13.00	Drugs	-90	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-677	2,324,774	-4,614	2,320,160		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/30/2024 7:05 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet H-1 Part I Date/Time Prepared: 5/30/2024 7:05 pm
		HHA CCN: 15-7174	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	2,100		2,100		0	2.00
3.00	Plant Operation & Maintenance	18,144	0	0	18,144	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,022,294	0	2,100	18,144	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	686,454	0	0	0	686,454	6.00
7.00	Physical Therapy	297,673	0	0	0	297,673	7.00
8.00	Occupational Therapy	122,302	0	0	0	122,302	8.00
9.00	Speech Pathology	40,769	0	0	0	40,769	9.00
10.00	Medical Social Services	76,278	0	0	0	76,278	10.00
11.00	Home Health Aide	53,078	0	0	0	53,078	11.00
12.00	Supplies (see instructions)	1,068	0	0	0	1,068	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,320,160	0	2,100	18,144	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,042,538					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	560,146	1,246,600				6.00
7.00	Physical Therapy	242,901	540,574				7.00
8.00	Occupational Therapy	99,798	222,100				8.00
9.00	Speech Pathology	33,267	74,036				9.00
10.00	Medical Social Services	62,243	138,521				10.00
11.00	Home Health Aide	43,312	96,390				11.00
12.00	Supplies (see instructions)	871	1,939				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,320,160				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

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

Period:
From 01/01/2023
To 12/31/2023

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2024 7:05 pm
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		11,716		0		2.00
3.00	Plant Operation & Maintenance	0	0	3,390	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	11,716	3,390	0	-1,042,538	1,277,622
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	686,454
7.00	Physical Therapy	0	0	0	0	0	297,673
8.00	Occupational Therapy	0	0	0	0	0	122,302
9.00	Speech Pathology	0	0	0	0	0	40,769
10.00	Medical Social Services	0	0	0	0	0	76,278
11.00	Home Health Aide	0	0	0	0	0	53,078
12.00	Supplies (see instructions)	0	0	0	0	0	1,068
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	11,716	3,390	0	-1,042,538	1,277,622
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	2,100	18,144	0		1,042,538
26.00	Unit Cost Multiplier	0.000000	0.179242	5.352212	0.000000		0.815999

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2023

Part I
Date/Time Prepared: 5/30/2024 7:05 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	38,405	10,375	193,718	9,615	252,113	1.00	
1.00 Administrative and General	0	38,405	10,375	193,718	9,615	252,113	1.00	
2.00 Skilled Nursing Care	1,246,600	0	0	182,604	0	1,429,204	2.00	
3.00 Physical Therapy	540,574	0	0	79,184	0	619,758	3.00	
4.00 Occupational Therapy	222,100	0	0	32,534	0	254,634	4.00	
5.00 Speech Pathology	74,036	0	0	10,845	0	84,881	5.00	
6.00 Medical Social Services	138,521	0	0	20,291	0	158,812	6.00	
7.00 Home Health Aide	96,390	0	0	14,119	0	110,509	7.00	
8.00 Supplies (see instructions)	1,939	0	0	0	0	1,939	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	2,320,160	38,405	10,375	533,295	9,615	2,911,850	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.02	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	47,196	0	54,287	0	24,685	0	1.00	
2.00 Skilled Nursing Care	267,548	0	0	0	0	0	2.00	
3.00 Physical Therapy	116,019	0	0	0	0	0	3.00	
4.00 Occupational Therapy	47,668	0	0	0	0	0	4.00	
5.00 Speech Pathology	15,890	0	0	0	0	0	5.00	
6.00 Medical Social Services	29,730	0	0	0	0	0	6.00	
7.00 Home Health Aide	20,687	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	363	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	545,101	0	54,287	0	24,685	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet H-2 Part I Date/Time Prepared: 5/30/2024 7:05 pm
				HHA CCN: 15-7174	Home Health Agency I	PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	11,322	0	0	2,029	0	12,736	1.00
2.00	Skilled Nursing Care	17,447	0	0	0	0	0	2.00
3.00	Physical Therapy	6,599	0	0	0	0	0	3.00
4.00	Occupational Therapy	3,089	0	0	0	0	0	4.00
5.00	Speech Pathology	361	0	0	0	0	0	5.00
6.00	Medical Social Services	2,000	0	0	0	0	0	6.00
7.00	Home Health Aide	296	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	41,114	0	0	2,029	0	12,736	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
5/30/2024 7:05 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2023

Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	404,368	0	404,368				1.00
2.00 Skilled Nursing Care	1,714,199	0	1,714,199	217,469	1,931,668		2.00
3.00 Physical Therapy	742,376	0	742,376	94,180	836,556		3.00
4.00 Occupational Therapy	305,391	0	305,391	38,743	344,134		4.00
5.00 Speech Pathology	101,132	0	101,132	12,830	113,962		5.00
6.00 Medical Social Services	190,542	0	190,542	24,173	214,715		6.00
7.00 Home Health Aide	131,492	0	131,492	16,681	148,173		7.00
8.00 Supplies (see instructions)	2,302	0	2,302	292	2,594		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	3,591,802	0	3,591,802	404,368	3,591,802		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.126863			21.00

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
5/30/2024 7:05 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2023

Part II
Date/Time Prepared: 5/30/2024 7:05 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	3,390	11,716	728,233	2,046,239	0	252,113	1.00
2.00 Skilled Nursing Care	0	0	686,454	0	0	1,429,204	2.00
3.00 Physical Therapy	0	0	297,673	0	0	619,758	3.00
4.00 Occupational Therapy	0	0	122,302	0	0	254,634	4.00
5.00 Speech Pathology	0	0	40,769	0	0	84,881	5.00
6.00 Medical Social Services	0	0	76,278	0	0	158,812	6.00
7.00 Home Health Aide	0	0	53,078	0	0	110,509	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	1,939	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	3,390	11,716	2,004,787	2,046,239	0	2,911,850	20.00
21.00 Total cost to be allocated	38,405	10,375	533,295	9,615	0	545,101	21.00
22.00 Unit cost multiplier	11.328909	0.885541	0.266011	0.004699	0	0.187201	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	3,390	0	3,390	0	14,656	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	22,586	2.00
3.00 Physical Therapy	0	0	0	0	0	8,542	3.00
4.00 Occupational Therapy	0	0	0	0	0	3,998	4.00
5.00 Speech Pathology	0	0	0	0	0	467	5.00
6.00 Medical Social Services	0	0	0	0	0	2,589	6.00
7.00 Home Health Aide	0	0	0	0	0	383	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	3,390	0	3,390	0	53,221	20.00
21.00 Total cost to be allocated	0	54,287	0	24,685	0	41,114	21.00
22.00 Unit cost multiplier	0.000000	16.013864	0.000000	7.281711	0.000000	0.772515	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

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

Period: From 01/01/2023 To 12/31/2023

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2024 7:05 pm
PPS

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	39,339	0	2,046,239	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	39,339	0	2,046,239	0	20.00
21.00 Total cost to be allocated	0	0	2,029	0	12,736	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.051577	0.000000	0.006224	0.000000	22.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2023 To 12/31/2023	Worksheet H-3 Part I Date/Time Prepared: 5/30/2024 7:05 pm
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			Title XVIII		Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,931,668		1,931,668	4,616	418.47	1.00
2.00	Physical Therapy	3.00	836,556	0	836,556	2,236	374.13	2.00
3.00	Occupational Therapy	4.00	344,134	0	344,134	1,169	294.38	3.00
4.00	Speech Pathology	5.00	113,962	0	113,962	98	1,162.88	4.00
5.00	Medical Social Services	6.00	214,715		214,715	143	1,501.50	5.00
6.00	Home Health Aide	7.00	148,173		148,173	343	431.99	6.00
7.00	Total (sum of lines 1-6)		3,589,208	0	3,589,208	8,605		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		21140	0	1,983		8.00
8.01	Skilled Nursing Care		99915	0	155		8.01
9.00	Physical Therapy		21140	0	741		9.00
9.01	Physical Therapy		99915	0	122		9.01
10.00	Occupational Therapy		21140	0	337		10.00
10.01	Occupational Therapy		99915	0	79		10.01
11.00	Speech Pathology		21140	0	17		11.00
11.01	Speech Pathology		99915	0	0		11.01
12.00	Medical Social Services		21140	0	47		12.00
12.01	Medical Social Services		99915	0	10		12.01
13.00	Home Health Aide		21140	0	63		13.00
13.01	Home Health Aide		99915	0	21		13.01
14.00	Total (sum of lines 8-13)			0	3,575		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	2,594	0	2,594	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,138		0	894,689	1.00
2.00	Physical Therapy	0	863		0	322,874	2.00
3.00	Occupational Therapy	0	416		0	122,462	3.00
4.00	Speech Pathology	0	17		0	19,769	4.00
5.00	Medical Social Services	0	57		0	85,586	5.00
6.00	Home Health Aide	0	84		0	36,287	6.00
7.00	Total (sum of lines 1-6)	0	3,575		0	1,481,667	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2023

Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	38,086	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	894,689						1.00
2.00	Physical Therapy	322,874						2.00
3.00	Occupational Therapy	122,462						3.00
4.00	Speech Pathology	19,769						4.00
5.00	Medical Social Services	85,586						5.00
6.00	Home Health Aide	36,287						6.00
7.00	Total (sum of lines 1-6)	1,481,667						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period:
From 01/01/2023
To 12/31/2023

Worksheet H-3
Part II
Date/Time Prepared:
5/30/2024 7:05 pm
PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.466659	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.336954	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.388420	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.435201	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.199532	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2023 To 12/31/2023	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	492,440
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	198,073
13.00	Total PPS Reimbursement - LUPA Episodes		0	9,977
14.00	Total PPS Reimbursement - PEP Episodes		0	2,366
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	55,033
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	757,889
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	757,889
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	757,889
27.00	Allowable bad debts (from your records)		0	0
27.01	Adjusted reimbursable bad debts (see instructions)		0	0
28.00	Allowable bad debts for dual eligible (see instructions)		0	0
29.00	Total costs - current cost reporting period (see instructions)		0	757,889
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	757,889
31.01	Sequestration adjustment (see instructions)		0	15,158
31.02	Demonstration payment adjustment after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	742,732
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

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

Period:
From 01/01/2023
To 12/31/2023

Worksheet H-5
Date/Time Prepared:
5/30/2024 7:05 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		742,732	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		742,732	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		742,731	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		103	103	0	103
3.00	EMPLOYEE BENEFITS DEPARTMENT*	285,983	0	285,983	0	285,983
4.00	ADMINISTRATIVE & GENERAL*	0	2,280	2,280	0	2,280
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	1,663	1,663	0	1,663
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	61,091	61,091	-46	61,045
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	43,835	43,835	0	43,835
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	171,125	171,125	-171,125	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	210,304	210,304	0	210,304
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	527,691	1,141,651	1,669,342	0	1,669,342
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	394,919	0	394,919	0	394,919
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	123,516	123,516	-123,516	0
39.00	PATIENT TRANSPORTATION**	0	8,643	8,643	0	8,643
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,208,593	1,764,211	2,972,804	-294,687	2,678,117

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	103	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	285,983	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	2,280	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	1,663	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	61,045	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	43,835	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	210,304	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,669,342	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	394,919	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	8,643	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	2,678,117	100.00

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

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

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-2

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	523,552	1,132,696	1,656,248	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	391,821	0	391,821	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	122,547	122,547	-122,547	38.00
39.00	PATIENT TRANSPORTATION	0	8,576	8,576	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	915,373	1,263,819	2,179,192	-122,547	2,056,645

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,656,248	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	391,821	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	8,576	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,056,645	100.00

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

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-3

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	757	1,638	2,395	0	2,395	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	567	0	567	0	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	177	177	-177	0	38.00
39.00	PATIENT TRANSPORTATION	0	12	12	0	12	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,324	1,827	3,151	-177	2,974	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,395	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	567	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	12	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,974	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2023 To 12/31/2023	Worksheet 0-4 Date/Time Prepared: 5/30/2024 7:05 pm
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		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	3,382	7,317	10,699	0	10,699	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,531	0	2,531	0	2,531	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	792	792	-792	0	38.00
39.00	PATIENT TRANSPORTATION	0	55	55	0	55	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	5,913	8,164	14,077	-792	13,285	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	10,699	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,531	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	55	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	13,285	100.00

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

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-5

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	38,405	38,405	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	103	0	103	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	285,983	321,499	607,482	3.00
4.00	ADMINISTRATIVE & GENERAL	2,280	619,465	621,745	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	54,287	54,287	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	24,685	24,685	7.00
8.00	DIETARY	1,663	0	1,663	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,045	62,489	123,534	10.00
11.00	MEDICAL RECORDS	0	28,842	28,842	11.00
12.00	STAFF TRANSPORTATION	43,835	0	43,835	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	210,304	0	210,304	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,056,645	0	2,056,645	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,974	0	2,974	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	13,285	0	13,285	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,678,117	1,149,672	3,827,789	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	38,405	38,405			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	103		103		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	607,482	18,150	0	625,632	3.00
4.00	ADMINISTRATIVE & GENERAL	621,745	145	103	625,632	1,247,625
5.00	PLANT OPERATION & MAINTENANCE	54,287	0	0	0	54,287
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	24,685	0	0	0	24,685
8.00	DIETARY	1,663	106	0	0	1,769
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	123,534	3,874	0	0	127,408
11.00	MEDICAL RECORDS	28,842	0	0	0	28,842
12.00	STAFF TRANSPORTATION	43,835	2,782	0	0	46,617
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	210,304	13,348	0	0	223,652
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	2,056,645			0	2,056,645
52.00	HOSPICE INPATIENT RESPIRE CARE	2,974	0	0	0	2,974
53.00	HOSPICE GENERAL INPATIENT CARE	13,285	0	0	0	13,285
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	3,827,789	38,405	103	625,632	3,827,789

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part I
Date/Time Prepared: 5/30/2024 7:05 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	1,247,625					4.00
5.00 PLANT OPERATION & MAINTENANCE	26,250	80,537				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	11,936	0		36,621		7.00
8.00 DIETARY	855	423		192	3,239	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	61,608	15,517		7,056		10.00
11.00 MEDICAL RECORDS	13,946	0		0		11.00
12.00 STAFF TRANSPORTATION	22,541	11,142		5,066		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	108,146	53,455		24,307		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	994,481					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	1,438	0	0	0	593	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	6,424	0	0	0	2,646	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	1,247,625	80,537	0	36,621	3,239	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	211,589			10.00
11.00	MEDICAL RECORDS	0		42,788		11.00
12.00	STAFF TRANSPORTATION	0			85,366	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	209,929	42,453	85,366	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	304	61	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,356	274	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	211,589	42,788	85,366	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part I
Date/Time Prepared:
5/30/2024 7:05 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	0				15.00
16.00	0		409,560			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		3,388,874	51.00
52.00	0	0	409,560	0	414,930	52.00
53.00	0	0	0	0	23,985	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00					0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	409,560	0	3,827,789	100.00

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		(SQURE FEET)	(DOLLAR VALUE)				
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	605,110					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		103				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	285,983	0	285,983			3.00
4.00	ADMINISTRATIVE & GENERAL	2,280	103	285,983	-1,247,625	2,580,164	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	54,287	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	24,685	7.00
8.00	DIETARY	1,663	0	0	0	1,769	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,045	0	0	0	127,408	10.00
11.00	MEDICAL RECORDS	0	0	0	0	28,842	11.00
12.00	STAFF TRANSPORTATION	43,835	0	0	0	46,617	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	210,304	0	0	0	223,652	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	2,056,645	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	2,974	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	13,285	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	38,405	103	625,632		1,247,625	100.00
101.00	UNIT COST MULTIPLIER	0.063468	1.000000	2.187655		0.483545	101.00

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	316,847					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		316,847			7.00
8.00	DIETARY	1,663		1,663	164		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,045		61,045		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	43,835		43,835		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	210,304		210,304		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	30	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	134	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	80,537	0	36,621	3,239	0	100.00
101.00	UNIT COST MULTIPLIER	0.254183	0.000000	0.115579	19.750000	0.000000	101.00

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2023

Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	20,909					10.00
11.00	MEDICAL RECORDS		20,909				11.00
12.00	STAFF TRANSPORTATION			165,644			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0		13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	20,745	20,745	165,644	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	30	30	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	134	134	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	211,589	42,788	85,366	0	0	100.00
101.00	UNIT COST MULTIPLIER	10.119518	2.046392	0.515358	0.000000	0.000000	101.00

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

Provider CCN: 15-0026

Period:

Worksheet 0-6

Hospice CCN: 15-1527

From 01/01/2023
To 12/31/2023

Part II
Date/Time Prepared:
5/30/2024 7:05 pm

Cost Center Descriptions		PHYSICIAN	OTHER GENERAL	PATIENT/	Hospice I	
		ADMINISTRATIVE SERVICES (PATIENT DAYS)	SERVICE (SPECIFY BASIS)	RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		408,575			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	408,575	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	409,560	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.002411	0.000000		101.00

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

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-7

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.466659	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.336954	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.388420	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.199532	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.822089	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.435201	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.503966	0	0	0	9.00
10.00	NUTRITION THERAPY	76.00	0.716001	0	0	0	10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION THERAPY	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0026

Period: From 01/01/2023

Worksheet 0-8

Hospice CCN: 15-1527

To 12/31/2023

Date/Time Prepared: 5/30/2024 7:05 pm

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,388,874	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			20,745	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			163.36	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	19,248	0		9.00
10.00	Program cost (line 8 times line 9)	3,144,353	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			414,930	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			30	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			13,831.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	25	0		14.00
15.00	Program cost (line 13 times line 14)	345,775	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			23,985	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			134	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			178.99	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	99	0		19.00
20.00	Program cost (line 18 times line 19)	17,720	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,827,789	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			20,909	22.00
23.00	Average cost per diem (line 21 divided by line 22)			183.07	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0026	Period: From 01/01/2023 To 12/31/2023	Worksheet L Parts I-III Date/Time Prepared: 5/30/2024 7:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		881,509	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,188	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		46.33	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		886,697	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00