

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 11:10 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/26/2022 Time: 11:10 am

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

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOSHEN HOSPITAL (15-0026) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	624,220	-28,752	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0				0	4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	624,220	-28,752	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 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 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 200 HIGH PARK AVENUE			PO Box:							1.00
2.00	City: GOSHEN			State: IN		Zip Code: 46526		County: ELKHART			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
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)						01/01/2021	12/31/2021		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 uncompensated care payments 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 final uncompensated care payments 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.					N	N		N	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 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	449	0	0	0	4,183	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 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.								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
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am	
		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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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 01/01/2021
To 12/31/2021

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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

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

		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)

		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)

		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)

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V		
			XIX		
			1.00		
			2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
				Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						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		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model 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					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
				Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	899,408		0			118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a 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 center, 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 center, 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 center, 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 center, 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 center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, 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 center, 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 an 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:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00 2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
						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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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	
		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	
						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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 11:10 am
			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 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 11:10 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
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 is 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 co-payments 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	05/01/2022	Y	05/01/2022		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 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 11:10 am	
		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	Are 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.	JESSICA		FRYE	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) 364-1201		JFRYE@GOSHENHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 11:10 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:10 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
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	97	35,405	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)		97	35,405	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)		109	39,785	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		109				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,930	186	17,232			1.00
2.00 HMO and other (see instructions)	4,827	4,183				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,930	186	17,232			7.00
8.00 INTENSIVE CARE UNIT	831	33	3,014			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		20	1,851			13.00
14.00 Total (see instructions)	5,761	239	22,097	0.00	1,041.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	4,660	0	12,801	0.00	32.41	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	14.12	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,087.99	27.00
28.00 Observation Bed Days		651	5,218			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	210	385			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 11:10 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	1,032	152	4,426	1.00
2.00	HMO and other (see instructions)			773	1,533		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,032	152	4,426	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 11:10 am

	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	81,151,932	0	81,151,932	2,263,017.00	35.86
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		249,950	0	249,950	2,059.00	121.39
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		6,386,272	0	6,386,272	25,600.00	249.46
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,011,657	164,960	5,176,617	164,459.00	31.48
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		7,579,998	0	7,579,998	58,602.00	129.35
12.00	Contract labor: Top level management and other management and administrative services		249,321	0	249,321	3,271.00	76.22
13.00	Contract Labor: Physician-Part A - Administrative		1,207,955	0	1,207,955	3,262.00	370.31
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)		24,177,384	0	24,177,384		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,896,397	0	1,896,397		
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		29,226	0	29,226		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		363,375	0	363,375		
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 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 11:10 am

	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	362,401	0	362,401	24,346.00	14.89	26.00
27.00	Administrative & General	14,575,039	1,313	14,576,352	380,072.00	38.35	27.00
28.00	Administrative & General under contract (see inst.)	359,945	0	359,945	1,799.00	200.08	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	786,750	0	786,750	29,804.00	26.40	30.00
31.00	Laundry & Linen Service	49,534	0	49,534	3,026.00	16.37	31.00
32.00	Housekeeping	1,001,455	0	1,001,455	62,636.00	15.99	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	786,745	-400,383	386,362	24,344.00	15.87	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	400,383	400,383	25,229.00	15.87	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,284,670	-166,273	2,118,397	54,526.00	38.85	38.00
39.00	Central Services and Supply	307,821	0	307,821	14,829.00	20.76	39.00
40.00	Pharmacy	1,575,968	0	1,575,968	32,482.00	48.52	40.00
41.00	Medical Records & Medical Records Library	1,210,614	0	1,210,614	35,808.00	33.81	41.00
42.00	Social Service	1,082,028	0	1,082,028	33,264.00	32.53	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 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 11:10 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	75,125,605	0	75,125,605	2,239,216.00	33.55	1.00
2.00	Excluded area salaries (see instructions)	5,011,657	164,960	5,176,617	164,459.00	31.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,113,948	-164,960	69,948,988	2,074,757.00	33.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,037,274	0	9,037,274	65,135.00	138.75	4.00
5.00	Subtotal wage-related costs (see inst.)	24,206,610	0	24,206,610	0.00	34.61	5.00
6.00	Total (sum of lines 3 thru 5)	103,357,832	-164,960	103,192,872	2,139,892.00	48.22	6.00
7.00	Total overhead cost (see instructions)	24,382,970	-164,960	24,218,010	722,165.00	33.54	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 11:10 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,655,241	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,429,642	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)		14,592,382	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		298,996	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		109,388	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)		179,024	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		582,983	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,473,982	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		15,257	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		29,071	22.00
23.00	Tuition Reimbursement		100,415	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		26,466,381	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 01/01/2021
To 12/31/2021

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	8,189,264	26,466,381	1.00
2.00	Hospital	8,189,264	26,466,381	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	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	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	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 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 5/26/2022 11:10 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	ELKHART				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	307	19	214	540	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	307.00	75.00	436.00	850.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				1.80	0.00	1.80	4.00
5.00	Other Administrative Personnel				6.26	0.00	6.26	5.00
6.00	Direct Nursing Service				6.59	0.00	6.59	6.00
7.00	Nursing Supervisor				5.84	0.00	5.84	7.00
8.00	Physical Therapy Service				4.70	0.00	4.70	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				2.20	0.00	2.20	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.26	0.00	0.26	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.42	0.00	1.42	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.21	0.00	0.21	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
						CBSA Data		
						1.00		
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					21140		20.00
20.01						43780		20.01
20.02						99915		20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)		
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,902	369	80	23	2,374	21.00	
22.00	Skilled Nursing Visit Charges	410,124	79,082	17,362	4,993	511,561	22.00	
23.00	Physical Therapy Visits	859	273	14	6	1,152	23.00	
24.00	Physical Therapy Visit Charges	193,725	60,862	3,273	1,369	259,229	24.00	
25.00	Occupational Therapy Visits	369	258	10	7	644	25.00	
26.00	Occupational Therapy Visit Charges	83,985	58,471	2,382	1,630	146,468	26.00	
27.00	Speech Pathology Visits	22	41	1	1	65	27.00	
28.00	Speech Pathology Visit Charges	5,551	10,372	253	253	16,429	28.00	
29.00	Medical Social Service Visits	69	27	1	0	97	29.00	
30.00	Medical Social Service Visit Charges	20,857	8,166	302	0	29,325	30.00	
31.00	Home Health Aide Visits	264	56	1	7	328	31.00	
32.00	Home Health Aide Visit Charges	29,615	6,302	113	788	36,818	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,485	1,024	107	44	4,660	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	743,857	223,255	23,685	9,033	999,830	35.00	
36.00	Total Number of Episodes (standard/non outlier)	425		53	3	481	36.00	
37.00	Total Number of Outlier Episodes		56		2	58	37.00	
38.00	Total Non-Routine Medical Supply Charges	146,572	57,105	7,155	152	210,984	38.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

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

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/26/2022 11:10 am

		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	18,645	0	7,458	26,103	11.00
12.00	Hospice Inpatient Respite Care	39	0	3	42	12.00
13.00	Hospice General Inpatient Care	116	0	37	153	13.00
14.00	Total Hospice Days	18,800	0	7,498	26,298	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 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 11:10 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.257262	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,149,111	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		105,421,433	6.00	
7.00	Medicaid cost (line 1 times line 6)		27,120,929	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,167,355	1,408,929	6,576,284	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,329,364	1,408,929	2,738,293	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,329,364	1,408,929	2,738,293	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,664,636	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			135,907	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			209,087	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,455,549	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,534,781	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,273,074	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,273,074	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
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		13,896,740	13,896,740	-7,308,370	6,588,370	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,572,609	7,572,609	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	362,401	24,250,756	24,613,157	501,322	25,114,479	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	964,786	1,422,583	2,387,369	0	2,387,369	5.01
5.02	00590	OTHER ADMIN & GENERAL	13,610,253	44,419,047	58,029,300	1,802,277	59,831,577	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	786,750	2,927,391	3,714,141	-1,648	3,712,493	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,534	566,017	615,551	0	615,551	8.00
9.00	00900	HOUSEKEEPING	1,001,455	453,585	1,455,040	-101	1,454,939	9.00
10.00	01000	DIETARY	786,745	482,400	1,269,145	-646,001	623,144	10.00
11.00	01100	CAFETERIA	0	0	0	645,881	645,881	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,284,670	669,205	2,953,875	-265,440	2,688,435	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	307,821	893,013	1,200,834	-86,736	1,114,098	14.00
15.00	01500	PHARMACY	1,575,968	11,833,946	13,409,914	-11,029,090	2,380,824	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,210,614	2,177,541	3,388,155	0	3,388,155	16.00
17.00	01700	SOCIAL SERVICE	1,082,028	55,637	1,137,665	0	1,137,665	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	264,341	264,341	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,348,269	4,904,412	14,252,681	1,448,482	15,701,163	30.00
31.00	03100	INTENSIVE CARE UNIT	2,853,955	1,772,399	4,626,354	-261,466	4,364,888	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	3,884,062	984,911	4,868,973	-4,420,381	448,592	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	4,183,699	11,107,878	15,291,577	-8,540,266	6,751,311	50.00
51.00	05100	RECOVERY ROOM	549,312	51,300	600,612	-23,198	577,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,403,639	2,403,639	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	2,103,877	2,103,877	0	2,103,877	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,663,635	4,171,835	8,835,470	-1,343,978	7,491,492	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,468,018	28,725,624	39,193,642	-23,627,577	15,566,065	55.00
56.00	05600	RADIOISOTOPE	435,819	1,181,429	1,617,248	-959,658	657,590	56.00
56.01	05601	CARDIAC CATH LAB	1,048,988	5,621,771	6,670,759	-3,970,486	2,700,273	56.01
57.00	05700	CT SCAN	585,428	819,329	1,404,757	-83,564	1,321,193	57.00
58.00	05800	MRI	478,424	145,611	624,035	-28,418	595,617	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,065,494	6,087,308	9,152,802	93,547	9,246,349	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	621,781	621,781	-621,072	709	63.00
64.00	06400	INTRAVENOUS THERAPY	-858	20,535	19,677	-12,678	6,999	64.00
65.00	06500	RESPIRATORY THERAPY	2,206,167	1,296,843	3,503,010	-66,221	3,436,789	65.00
66.00	06600	PHYSICAL THERAPY	2,981,340	711,468	3,692,808	-1,242,370	2,450,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,103	3,153	112,256	821,909	934,165	67.00
68.00	06800	SPEECH PATHOLOGY	0	265	265	410,347	410,612	68.00
69.00	06900	ELECTROCARDIOLOGY	329,638	100,431	430,069	-1,645	428,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,616,840	10,616,840	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,735,360	5,735,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,038,955	34,038,955	73.00
74.00	07400	RENAL DIALYSIS	-2,000	277,043	275,043	0	275,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	229,021	6,666	235,687	0	235,687	76.00
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	346,332	195,353	541,685	-76,860	464,825	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.02	09002	WOUND CLINIC	-430	1,498,113	1,497,683	-315,704	1,181,979	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,353,834	1,905,891	6,259,725	-225,253	6,034,472	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	2,244,781	377,245	2,622,026	-4,676	2,617,350	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		857,194	857,194	-857,194	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	1,065,680	1,291,996	2,357,676	-304,250	2,053,426	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,450,736	180,889,522	260,340,258	31,208	260,371,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	787,541	453,102	1,240,643	-30,532	1,210,111	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	695,996	3,631,850	4,327,846	-507	4,327,339	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	14,400	2,130,511	2,144,911	0	2,144,911	190.06
190.07	19007	FOUNDATION	0	375	375	0	375	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	202,044	93,588	295,632	-169	295,463	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,215	404	1,619	0	1,619	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	81,151,932	187,199,352	268,351,284	0	268,351,284	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/26/2022 11:10 am

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	-4,414,350	2,174,020	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,414,665	5,157,944	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,967,146	22,147,333	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,978	2,385,391	5.01
5.02	00590	OTHER ADMIN & GENERAL	-40,543,281	19,288,296	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-794	3,711,699	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	615,551	8.00
9.00	00900	HOUSEKEEPING	0	1,454,939	9.00
10.00	01000	DIETARY	0	623,144	10.00
11.00	01100	CAFETERIA	-224,313	421,568	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,688,435	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,114,098	14.00
15.00	01500	PHARMACY	0	2,380,824	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-185,019	3,203,136	16.00
17.00	01700	SOCIAL SERVICE	0	1,137,665	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	-141,498	122,843	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	15,701,163	30.00
31.00	03100	INTENSIVE CARE UNIT	-585,023	3,779,865	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	-1,150	447,442	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	-50,000	6,701,311	50.00
51.00	05100	RECOVERY ROOM	0	577,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,403,639	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-2,081,621	22,256	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,802,696	4,688,796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,164,020	12,402,045	55.00
56.00	05600	RADIOISOTOPE	0	657,590	56.00
56.01	05601	CARDIAC CATH LAB	-569	2,699,704	56.01
57.00	05700	CT SCAN	0	1,321,193	57.00
58.00	05800	MRI	0	595,617	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-410,161	8,836,188	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	709	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,999	64.00
65.00	06500	RESPIRATORY THERAPY	-750,900	2,685,889	65.00
66.00	06600	PHYSICAL THERAPY	-231,458	2,218,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	-95	934,070	67.00
68.00	06800	SPEECH PATHOLOGY	-28	410,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	428,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,616,840	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,735,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,038,955	73.00
74.00	07400	RENAL DIALYSIS	0	275,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION THERAPY	-1,250	234,437	76.00
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	-358,241	106,584	90.00
90.02	09002	WOUND CLINIC	0	1,181,979	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
91.00	09100 EMERGENCY	6.00	7.00	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	-65,326	5,969,146	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	-9,631	2,607,719	101.00
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	2,053,426	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-61,405,213	198,966,253	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,210,111	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	4,327,339	190.04
190.05	19005 PRIVATE DUTY	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	2,144,911	190.06
190.07	19007 FOUNDTION	0	375	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	190.08
191.00	19100 RESEARCH	0	295,463	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	1,619	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-61,405,213	206,946,071	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	10,616,840	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,735,360	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	301,278	3.00
4.00	LABORATORY	60.00	0	93,547	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
O			0	16,747,025	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,038,955	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
O			0	34,038,955	
C - DIETARY					
1.00	CAFETERIA	11.00	400,383	245,498	1.00
O			400,383	245,498	
D - CAPITAL INSURANCE					
1.00	OTHER ADMIN & GENERAL	5.02	0	123,530	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	531,741	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	775,878	3.00
4.00	OTHER ADMIN & GENERAL	5.02	0	601,909	4.00
O			0	2,033,058	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	857,194	1.00
O			0	857,194	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,572,609	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
			0	7,572,609		
G - CIRCLE OF CARE						
1.00	ADULTS & PEDIATRICS	30.00	1,533,039	326,824		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,981,260	422,379		2.00
			3,514,299	749,203		
H - COMMUNITY HEALTH						
1.00	COMMUNITY RELATIONS	190.04	0	1,606		1.00
2.00	OTHER ADMIN & GENERAL	5.02	1,313	0		2.00
			1,313	1,606		
I - EMT						
1.00	PARAMED ED PRGM	23.00	166,273	98,068		1.00
			166,273	98,068		
J - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	733,194	89,518		1.00
2.00	SPEECH PATHOLOGY	68.00	358,195	52,152		2.00
			1,091,389	141,670		
500.00	Grand Total: Increases		5,173,657	62,484,886		500.00

RECLASSIFICATIONS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/26/2022 11:10 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	1,648	0	1.00
2.00	HOUSEKEEPING	9.00	0	101	0	2.00
3.00	DIETARY	10.00	0	120	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	1,099	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	86,736	0	5.00
6.00	PHARMACY	15.00	0	9,684	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	411,330	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	261,364	0	8.00
9.00	NURSERY	43.00	0	156,863	0	9.00
10.00	OPERATING ROOM	50.00	0	8,362,306	0	10.00
11.00	RECOVERY ROOM	51.00	0	23,198	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,072,768	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	185,845	0	13.00
14.00	RADIOISOTOPE	56.00	0	743,505	0	14.00
15.00	CARDIAC CATH LAB	56.01	0	3,967,986	0	15.00
16.00	CT SCAN	57.00	0	83,355	0	16.00
17.00	MRI	58.00	0	27,477	0	17.00
18.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	621,072	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	569	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	65,908	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	9,311	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	803	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,645	0	23.00
24.00	CLINIC	90.00	0	1,372	0	24.00
25.00	WOUND CLINIC	90.02	0	306,882	0	25.00
26.00	EMERGENCY	91.00	0	223,282	0	26.00
27.00	HOME HEALTH AGENCY	101.00	0	4,531	0	27.00
28.00	HOSPICE	116.00	0	115,282	0	28.00
29.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	14	0	29.00
30.00	COMMUNITY RELATIONS	190.04	0	800	0	30.00
31.00	RESEARCH	191.00	0	169	0	31.00
0			0	16,747,025		
B - PHARMACY						
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	30,518	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,419	0	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	25	0	3.00
4.00	PHARMACY	15.00	0	11,019,406	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	51	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	102	0	6.00
7.00	NURSERY	43.00	0	16	0	7.00
8.00	OPERATING ROOM	50.00	0	498	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,408	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	22,439,893	0	10.00
11.00	RADIOISOTOPE	56.00	0	216,153	0	11.00
12.00	CARDIAC CATH LAB	56.01	0	2,500	0	12.00
13.00	CT SCAN	57.00	0	209	0	13.00
14.00	MRI	58.00	0	941	0	14.00
15.00	INTRAVENOUS THERAPY	64.00	0	12,109	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	313	0	16.00
17.00	CLINIC	90.00	0	75,488	0	17.00
18.00	WOUND CLINIC	90.02	0	8,822	0	18.00
19.00	EMERGENCY	91.00	0	1,971	0	19.00
20.00	HOME HEALTH AGENCY	101.00	0	145	0	20.00
21.00	HOSPICE	116.00	0	188,968	0	21.00
0			0	34,038,955		
C - DIETARY						
1.00	DIETARY	10.00	400,383	245,498	0	1.00
0			400,383	245,498		
D - CAPITAL INSURANCE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,650	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	123,530	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,876,878	12	3.00
4.00		0.00	0	0	0	4.00
0			0	2,033,058		
E - CAPITAL INTEREST						
1.00	INTEREST EXPENSE	113.00	0	857,194	11	1.00
0			0	857,194		

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,288,686	9	1.00	
2.00	OPERATING ROOM	50.00	0	177,462	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	228,152	0	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	878,309	0	4.00	
	O		0	7,572,609			
G - CIRCLE OF CARE							
1.00	NURSERY	43.00	3,514,299	749,203	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		3,514,299	749,203			
H - COMMUNITY HEALTH							
1.00	OTHER ADMIN & GENERAL	5.02	0	1,606	0	1.00	
2.00	COMMUNITY RELATIONS	190.04	1,313	0	0	2.00	
	O		1,313	1,606			
I - EMT							
1.00	NURSING ADMINISTRATION	13.00	166,273	98,068	0	1.00	
	O		166,273	98,068			
J - THERAPY							
1.00	PHYSICAL THERAPY	66.00	1,091,389	141,670	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		1,091,389	141,670			
500.00	Grand Total: Decreases		5,173,657	62,484,886		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 11:10 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,848,513	0	0	0	1.00
2.00	Land Improvements	4,848,692	0	0	0	2.00
3.00	Buildings and Fixtures	124,148,658	0	0	0	3.00
4.00	Building Improvements	36,948	0	0	0	4.00
5.00	Fixed Equipment	21,520,333	968,083	0	968,083	5.00
6.00	Movable Equipment	128,125,824	8,938,897	0	8,938,897	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	283,528,968	9,906,980	0	9,906,980	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	283,528,968	9,906,980	0	9,906,980	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,848,513	0			1.00
2.00	Land Improvements	4,848,692	0			2.00
3.00	Buildings and Fixtures	124,148,658	0			3.00
4.00	Building Improvements	36,948	0			4.00
5.00	Fixed Equipment	22,467,921	0			5.00
6.00	Movable Equipment	131,617,773	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	287,968,505	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	287,968,505	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,696,842	0	0	2,199,898	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)	11,696,842	0	0	2,199,898	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	13,896,740				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,896,740				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	156,350,734	0	156,350,734	0.542944	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	131,617,773	0	131,617,773	0.457056	0	2.00
3.00	Total (sum of lines 1-2)	287,968,507	0	287,968,507	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,862,225	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,572,609	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,434,834	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,011,225	323,020	0	0	2,174,020	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-2,414,665	0	0	0	5,157,944	2.00
3.00	Total (sum of lines 1-2)	-4,425,890	323,020	0	0	7,331,964	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,868,419	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-2,414,665	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	-253,142	OTHER ADMIN & GENERAL		5.02	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-2,022,011	OTHER ADMIN & GENERAL		5.02	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,545,931	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	-15,086,773				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	-224,313	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	-15,447	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	-4,177	OTHER ADMIN & GENERAL		5.02	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 BLDG & FIXT MISC INCOME	B	0	CAP REL COSTS-BLDG & FIXT		1.00	12 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/26/2022 11:10 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
33.01	EMT CLASS TUITION	B	-141,498	PARAMED ED PRGM		23.00	0 33.01
33.02	MISC ONCOLOGY REV	B	-31,144	RADIOLOGY-THERAPEUTIC		55.00	0 33.02
33.03	MISC A&G REVENUE	B	-349	OTHER ADMIN & GENERAL		5.02	0 33.03
33.04	PERSONAL AUTO USAGE	A	-13,465	OTHER ADMIN & GENERAL		5.02	0 33.04
33.05	ALCOHOLIC BEVERAGE	A	-300	OTHER ADMIN & GENERAL		5.02	0 33.05
33.06	LOBBYING EXPENSE	A	-6,993	OTHER ADMIN & GENERAL		5.02	0 33.06
33.07	SHARED A&G EXPENSE	A	-1,833,589	OTHER ADMIN & GENERAL		5.02	0 33.07
33.08	PRIECARE ASSESSMENT (PHYSICIANS)	A	-23,203,799	OTHER ADMIN & GENERAL		5.02	0 33.08
33.09	MISC RADIOLOGY REV	B	-8,276	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10	CARDIAC REHAB MISC INCOME	B		ELECTROCARDIOLOGY		69.00	0 33.10
33.11	MISC LAB REV	B	-1,805	LABORATORY		60.00	0 33.11
33.12	NUTRITION EDUCATION MISC INCOME	B	-1,250	NUTRITION THERAPY		76.00	0 33.12
33.13	HAF OFFSET	A	-11,500,308	OTHER ADMIN & GENERAL		5.02	0 33.13
33.14	MISC OPERATING ROOM REVENUE	B		OPERATING ROOM		50.00	0 33.14
33.15	MISC PLANT OPERATIONS REVENUE	B		OPERATION OF PLANT		7.00	0 33.15
33.16	MISC RESPIRATORY THERAPY REVENUE	B	-3,718	RESPIRATORY THERAPY		65.00	0 33.16
33.17	GOSH CCB REVENUE PRENATAL CLASSES	B	-1,150	NURSERY		43.00	0 33.17
33.18	GOSH REHAB - PEDIATRIC MISC INCOME	B	-595	PHYSICAL THERAPY		66.00	0 33.18
33.19	GOSH REHAB - PEDIATRIC MISC INCOME	B	-95	OCCUPATIONAL THERAPY		67.00	0 33.19
33.20	GOSH REHAB - PEDIATRIC MISC INCOME	B	-28	SPEECH PATHOLOGY		68.00	0 33.20
33.21	ENDOSCOPY MISC INCOME	B		OPERATING ROOM		50.00	0 33.21
33.22	CATH LAB MISC INCOME	B	-569	CARDIAC CATH LAB		56.01	0 33.22
33.23	GOSH WC-GEN & ADMIN REV RENTAL INCOM	B		RADIOLOGY-DIAGNOSTIC		54.00	0 33.23
33.24	DIABETES EDUCATION MISC INCOME	B	-1,750	CLINIC		90.00	0 33.24
33.25	ADVERTISING COSTS	A		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.25
33.26	ADVERTISING COSTS	A		MEDICAL RECORDS & LIBRARY		16.00	0 33.26
33.27	ADVERTISING COSTS	A	-10,214	RADIOLOGY-THERAPEUTIC		55.00	0 33.27
33.28	ADVERTISING COSTS	A	-165	PHYSICAL THERAPY		66.00	0 33.28
33.29	ADVERTISING COSTS	A	-658	CLINIC		90.00	0 33.29
33.30	ADVERTISING COSTS	A		WOUND CLINIC		90.02	0 33.30
33.31	ADVERTISING COSTS	A	-9,631	HOME HEALTH AGENCY		101.00	0 33.31
33.32	PLANT OPS MISC INCOME	B	-794	OPERATION OF PLANT		7.00	0 33.32
33.33	PFS MISC INCOME	B	-1,978	CASHIERING/ACCOUNTS RECEIVABLE		5.01	0 33.33
33.34	OTHER MISC INCOME	B	-97,402	OTHER ADMIN & GENERAL		5.02	0 33.34
33.35	COMMUNITY EDUCATION	B	-96,715	CLINIC		90.00	0 33.35
33.36	PAIN MGMT MISC INCOME	B	-874	PAIN MANAGEMENT		53.01	0 33.36
33.37	EMPLOYEE BENEFITS MISC INCOME	B		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.37
33.38	ADVERTISING COSTS	A	-1,223	OTHER ADMIN & GENERAL		5.02	0 33.38
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,405,213				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 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 11:10 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMIN & GENERAL	1,611,723	1,606,523	5,200	211,500	59	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	172,572	169,572	3,000	211,500	40	2.00
3.00	31.00	INTENSIVE CARE UNIT	585,023	585,023	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,365,518	2,320,368	45,150	271,900	365	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	1,716,992	1,613,992	103,000	271,900	877	5.00
6.00	60.00	LABORATORY	448,356	408,356	40,000	260,300	485	6.00
7.00	65.00	RESPIRATORY THERAPY	747,182	747,182	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	230,698	230,698	0	0	0	8.00
9.00	90.00	CLINIC	265,118	259,118	6,000	211,500	115	9.00
10.00	50.00	OPERATING ROOM	50,000	50,000	0	0	0	10.00
11.00	53.01	PAIN MANAGEMENT	2,112,269	1,968,269	144,000	211,500	310	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	551,962	429,962	122,000	271,900	596	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	1,683,630	1,508,670	174,960	271,900	2,015	13.00
14.00	91.00	EMERGENCY	100,000	0	100,000	211,500	341	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	2,967,146	2,967,146	0	0	0	15.00
200.00			15,608,189	14,864,879	743,310		5,203	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	5,999	300	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	4,067	203	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	47,713	2,386	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	114,643	5,732	0	0	0	5.00
6.00	60.00	LABORATORY	60,695	3,035	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	11,693	585	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	53.01	PAIN MANAGEMENT	31,522	1,576	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	77,910	3,896	0	0	0	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	263,403	13,170	0	0	0	13.00
14.00	91.00	EMERGENCY	34,674	1,734	0	0	0	14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	15.00
200.00			652,319	32,617	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	5,999	0	1,606,523		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	4,067	0	169,572		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	585,023		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	47,713	0	2,320,368		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	114,643	0	1,613,992		5.00
6.00	60.00	LABORATORY	0	60,695	0	408,356		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	747,182		7.00
8.00	66.00	PHYSICAL THERAPY	0	0	0	230,698		8.00
9.00	90.00	CLINIC	0	11,693	0	259,118		9.00
10.00	50.00	OPERATING ROOM	0	0	0	50,000		10.00
11.00	53.01	PAIN MANAGEMENT	0	31,522	112,478	2,080,747		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	77,910	44,090	474,052		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	0	263,403	0	1,508,670		13.00
14.00	91.00	EMERGENCY	0	34,674	65,326	65,326		14.00
15.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	2,967,146		15.00
200.00			0	652,319	221,894	15,086,773		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,174,020	2,174,020			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,157,944		5,157,944		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,147,333	26,088	2,274	22,175,695	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,385,391	37,495	600	264,811	2,688,297
5.02 00590	OTHER ADMIN & GENERAL	19,288,296	175,020	1,560,768	3,736,053	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	3,711,699	153,000	204,616	215,944	0
8.00 00800	LAUNDRY & LINEN SERVICE	615,551	10,641	0	13,596	0
9.00 00900	HOUSEKEEPING	1,454,939	2,760	11,132	274,875	0
10.00 01000	DIETARY	623,144	18,269	5,269	106,047	0
11.00 01100	CAFETERIA	421,568	18,932	5,460	109,896	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,688,435	7,236	364,095	581,449	0
14.00 01400	CENTRAL SERVICES & SUPPLY	1,114,098	14,836	52,112	84,489	0
15.00 01500	PHARMACY	2,380,824	12,237	124,518	432,565	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,203,136	25,725	27,127	332,284	0
17.00 01700	SOCIAL SERVICE	1,137,665	6,153	366	296,991	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED PRGM	122,843	1,498	0	45,638	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,701,163	177,861	103,879	2,986,658	151,094
31.00 03100	INTENSIVE CARE UNIT	3,779,865	57,384	77,963	783,342	45,904
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	447,442	8,544	11,616	101,491	20,830
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,701,311	344,044	467,398	1,148,325	214,571
51.00 05100	RECOVERY ROOM	577,414	18,264	17,733	150,773	24,777
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,403,639	45,780	62,239	543,808	29,175
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
53.01 05301	PAIN MANAGEMENT	22,256	0	0	0	10,142
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,688,796	151,560	595,316	1,280,056	194,840
55.00 05500	RADIOLOGY-THERAPEUTIC	12,402,045	252,391	520,923	2,873,220	186,568
56.00 05600	RADIOISOTOPE	657,590	6,891	57,715	119,622	66,204
56.01 05601	CARDIAC CATH LAB	2,699,704	15,832	602,993	287,922	126,275
57.00 05700	CT SCAN	1,321,193	3,843	0	160,686	126,428
58.00 05800	MRI	595,617	8,700	0	131,316	33,411
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	8,836,188	33,468	12,826	841,405	169,025
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRANS.	709	2,385	0	0	10,685
64.00 06400	INTRAVENOUS THERAPY	6,999	0	679	0	437
65.00 06500	RESPIRATORY THERAPY	2,685,889	15,043	93,600	605,540	34,575
66.00 06600	PHYSICAL THERAPY	2,218,980	75,054	18,393	518,746	32,802
67.00 06700	OCCUPATIONAL THERAPY	934,070	25,794	10,972	231,190	13,979
68.00 06800	SPEECH PATHOLOGY	410,584	3,146	1,673	98,316	6,226
69.00 06900	ELECTROCARDIOLOGY	428,424	26,986	4,396	90,478	35,498
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,616,840	0	0	0	110,665
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,735,360	0	0	0	59,712
73.00 07300	DRUGS CHARGED TO PATIENTS	34,038,955	0	0	0	763,064
74.00 07400	RENAL DIALYSIS	275,043	0	0	0	1,681
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION THERAPY	234,437	26,560	0	62,861	1,311
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

	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	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	106,584	12,560	2,667	95,060	4,632	90.00
90.02	09002 WOUND CLINIC	1,181,979	112,774	2,980	0	21,491	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	5,969,146	117,752	64,043	1,195,023	159,545	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	2,607,719	29,527	13,513	616,139	10,764	101.00
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	2,053,426	0	0	292,504	21,986	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	198,966,253	2,082,033	5,101,854	21,709,119	2,688,297	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1,210,111	64,626	41,654	216,161	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 & CANTEEN	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	4,327,339	16,990	14,436	190,674	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	2,144,911	0	0	3,952	0	190.06
190.07	19007 FOUNDATION	375	10,371	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	295,463	0	0	55,456	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	1,619	0	0	333	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	206,946,071	2,174,020	5,157,944	22,175,695	2,688,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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						1. 00
2. 00	00200						2. 00
4. 00	00400						4. 00
5. 01	00580						5. 01
5. 02	00590	24,760,137	24,760,137				5. 02
6. 00	00600	0	0	0			6. 00
7. 00	00700	4,285,259	582,392	0	4,867,651		7. 00
8. 00	00800	639,788	86,951	0	29,061	755,800	8. 00
9. 00	00900	1,743,706	236,980	0	7,537	0	9. 00
10. 00	01000	752,729	102,300	0	49,893	0	10. 00
11. 00	01100	555,856	75,544	0	51,702	0	11. 00
12. 00	01200	0	0	0	0	0	12. 00
13. 00	01300	3,641,215	494,863	0	19,762	0	13. 00
14. 00	01400	1,265,535	171,994	0	40,515	0	14. 00
15. 00	01500	2,950,144	400,942	0	33,419	0	15. 00
16. 00	01600	3,588,272	487,668	0	70,252	0	16. 00
17. 00	01700	1,441,175	195,864	0	16,804	0	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	169,979	23,101	0	4,091	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	19,120,655	2,598,612	0	485,725	158,743	30. 00
31. 00	03100	4,744,458	644,800	0	156,711	0	31. 00
32. 00	03200	0	0	0	0	0	32. 00
33. 00	03300	0	0	0	0	0	33. 00
34. 00	03400	0	0	0	0	0	34. 00
40. 00	04000	0	0	0	0	0	40. 00
41. 00	04100	0	0	0	0	0	41. 00
42. 00	04200	0	0	0	0	0	42. 00
43. 00	04300	589,923	80,174	0	23,334	0	43. 00
44. 00	04400	0	0	0	0	0	44. 00
45. 00	04500	0	0	0	0	0	45. 00
46. 00	04600	0	0	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	8,875,649	1,206,254	0	939,555	216,008	50. 00
51. 00	05100	788,961	107,225	0	49,877	0	51. 00
52. 00	05200	3,084,641	419,221	0	125,023	0	52. 00
53. 00	05300	0	0	0	0	0	53. 00
53. 01	05301	32,398	4,403	0	0	0	53. 01
54. 00	05400	6,910,568	939,188	0	413,899	53,544	54. 00
55. 00	05500	16,235,147	2,206,454	0	689,260	21,227	55. 00
56. 00	05600	908,022	123,406	0	18,818	18,193	56. 00
56. 01	05601	3,732,726	507,300	0	43,237	0	56. 01
57. 00	05700	1,612,150	219,101	0	10,495	34,744	57. 00
58. 00	05800	769,044	104,518	0	23,758	9,182	58. 00
59. 00	05900	0	0	0	0	0	59. 00
60. 00	06000	9,892,912	1,344,506	0	91,399	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	13,779	1,873	0	6,514	0	63. 00
64. 00	06400	8,115	1,103	0	0	0	64. 00
65. 00	06500	3,434,647	466,789	0	41,082	0	65. 00
66. 00	06600	2,863,975	389,231	0	204,967	0	66. 00
67. 00	06700	1,216,005	165,262	0	70,441	0	67. 00
68. 00	06800	519,945	70,664	0	8,591	0	68. 00
69. 00	06900	585,782	79,611	0	73,698	0	69. 00
70. 00	07000	0	0	0	0	0	70. 00
71. 00	07100	10,727,505	1,457,932	0	0	0	71. 00
72. 00	07200	5,795,072	787,585	0	0	0	72. 00
73. 00	07300	34,802,019	4,729,781	0	0	0	73. 00
74. 00	07400	276,724	37,608	0	0	0	74. 00
75. 00	07500	0	0	0	0	0	75. 00
76. 00	03950	325,169	44,192	0	72,534	0	76. 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	221,503	30,104	0	34,300	0	90. 00
90. 02	09002	1,319,224	179,290	0	307,978	0	90. 02
90. 03	09003	0	0	0	0	0	90. 03
91. 00	09100	7,505,509	1,020,044	0	321,572	244,159	91. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0					92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	3,277,662	445,454	0	80,637	0	101.00
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	2,367,916	321,814	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	198,351,600	23,592,098	0	4,616,441	755,800	118.00
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	1,532,552	208,283	0	176,489	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	4,549,439	618,296	0	46,400	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	2,148,863	292,043	0	0	0	190.06
190.07	19007 FOUNDTION	10,746	1,460	0	28,321	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	350,919	47,692	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	1,952	265	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	206,946,071	24,760,137	0	4,867,651	755,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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	1,988,223					9.00
10.00	01000	20,533	925,455				10.00
11.00	01100	21,278	0	704,380			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	8,133	0	14,542	0	4,178,515	13.00
14.00	01400	16,674	0	16,466	0	737	14.00
15.00	01500	13,754	0	13,352	0	0	15.00
16.00	01600	28,912	0	14,719	0	32,326	16.00
17.00	01700	6,916	0	13,673	0	151,984	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	1,684	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	199,900	787,686	126,984	0	1,527,502	30.00
31.00	03100	64,494	137,769	27,769	0	436,063	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	9,603	0	4,454	0	57,374	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	386,676	0	50,856	0	505,912	50.00
51.00	05100	20,527	0	5,875	0	104,619	51.00
52.00	05200	51,453	0	23,866	0	307,427	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	170,340	0	54,007	0	104,551	54.00
55.00	05500	283,666	0	76,046	0	306,134	55.00
56.00	05600	7,745	0	5,549	0	5,301	56.00
56.01	05601	17,794	0	10,204	0	62,765	56.01
57.00	05700	4,319	0	7,747	0	421	57.00
58.00	05800	9,778	0	6,135	0	10,008	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	37,615	0	34,285	0	4,241	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	2,681	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	16,907	0	25,472	0	15,738	65.00
66.00	06600	84,354	0	37,709	0	0	66.00
67.00	06700	28,990	0	1,566	0	0	67.00
68.00	06800	3,536	0	0	0	0	68.00
69.00	06900	30,331	0	5,978	0	5,414	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	29,851	0	2,865	0	0	76.00
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	14,116	0	4,441	0	15,077	90.00
90.02	09002	126,748	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	132,343	0	54,694	0	524,921	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
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	33,186	0	27,712	0	0	101.00
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	12,076	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,884,837	925,455	679,042	0	4,178,515	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	72,634	0	11,985	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	19,096	0	9,566	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	11,656	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	6	0	0	190.08
191.00	19100 RESEARCH	0	0	3,769	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	12	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)	1,988,223	925,455	704,380	0	4,178,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/26/2022 11:10 am		
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	1,511,921				14.00
15.00	01500	PHARMACY	3,793	3,415,404			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	321		4,222,470		16.00
17.00	01700	SOCIAL SERVICE	54			1,826,470	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,809	0	237,306	619,530	0
31.00	03100	INTENSIVE CARE UNIT	17,088	0	72,096	109,597	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,707	0	32,715	26,081	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,380	0	337,002	18,284	0
51.00	05100	RECOVERY ROOM	1,206	0	38,914	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,148	0	45,822	139,742	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	0	0	15,930	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,102	0	306,014	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	28,403	0	293,022	0	0
56.00	05600	RADIOISOTOPE	813	0	103,979	0	0
56.01	05601	CARDIAC CATH LAB	15,997	0	198,326	0	0
57.00	05700	CT SCAN	12,525	0	198,567	0	0
58.00	05800	MRI	5,261	0	52,475	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	160,142	0	265,469	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	12	0	16,781	0	0
64.00	06400	INTRAVENOUS THERAPY	42	0	687	0	0
65.00	06500	RESPIRATORY THERAPY	14,996	0	54,302	0	0
66.00	06600	PHYSICAL THERAPY	1,109	0	51,518	0	0
67.00	06700	OCCUPATIONAL THERAPY	431	0	21,955	0	0
68.00	06800	SPEECH PATHOLOGY	99	0	9,779	0	0
69.00	06900	ELECTROCARDIOLOGY	418	0	55,752	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	660,434	0	173,810	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,780	0	93,783	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,415,404	1,198,721	0	0
74.00	07400	RENAL DIALYSIS	0	0	2,640	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION THERAPY	40	0	2,059	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	934	0	7,274	0	0
90.02	09002	WOUND CLINIC	3,337	0	33,754	0	0
90.03	09003	MOBILE CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	48,538	0	250,579	913,236	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	5,198	0	16,907	0	0	101.00
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	37,089	0	34,532	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,511,206	3,415,404	4,222,470	1,826,470	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	503	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	99	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	8	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	102	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3	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)	1,511,921	3,415,404	4,222,470	1,826,470	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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				198,855	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	25,933,452	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	6,410,845	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	825,365	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	0	0	0	12,575,576	50.00
51.00 05100	RECOVERY ROOM	0	0	0	1,117,204	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,206,343	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	52,731	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	8,967,213	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,139,359	55.00
56.00 05600	RADIOISOTOPE	0	0	0	1,191,826	56.00
56.01 05601	CARDIAC CATH LAB	0	0	0	4,588,349	56.01
57.00 05700	CT SCAN	0	0	0	2,100,069	57.00
58.00 05800	MRI	0	0	0	990,159	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	11,830,569	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	41,640	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	9,947	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,069,933	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	3,632,863	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,504,650	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	612,614	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	836,984	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,019,681	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,033,220	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,145,925	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	316,972	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	NUTRITION THERAPY	0	0	0	476,710	76.00
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	0	0	0	327,749	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

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Part I
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Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.02 09002 WOUND CLINIC	0	0	0	0	1,970,331	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	198,855	11,214,450	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	3,886,756	101.00
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	2,773,427	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	198,855	196,802,912	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	2,002,446	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 19002 GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	5,242,896	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	2,440,914	190.06
190.07 19007 FOUNDTION	0	0	0	0	52,183	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	6	190.08
191.00 19100 RESEARCH	0	0	0	0	402,482	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	2,232	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	198,855	206,946,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

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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	25,933,452
31.00	03100	INTENSIVE CARE UNIT	0	6,410,845
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 - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	825,365
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	12,575,576
51.00	05100	RECOVERY ROOM	0	1,117,204
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,206,343
53.00	05300	ANESTHESIOLOGY	0	0
53.01	05301	PAIN MANAGEMENT	0	52,731
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,967,213
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,139,359
56.00	05600	RADIOISOTOPE	0	1,191,826
56.01	05601	CARDIAC CATH LAB	0	4,588,349
57.00	05700	CT SCAN	0	2,100,069
58.00	05800	MRI	0	990,159
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	11,830,569
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	41,640
64.00	06400	INTRAVENOUS THERAPY	0	9,947
65.00	06500	RESPIRATORY THERAPY	0	4,069,933
66.00	06600	PHYSICAL THERAPY	0	3,632,863
67.00	06700	OCCUPATIONAL THERAPY	0	1,504,650
68.00	06800	SPEECH PATHOLOGY	0	612,614
69.00	06900	ELECTROCARDIOLOGY	0	836,984
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,019,681
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,033,220
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,145,925
74.00	07400	RENAL DIALYSIS	0	316,972
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03950	NUTRITION THERAPY	0	476,710
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	327,749

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

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Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.02	09002	WOUND CLINIC	0	1,970,331	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	11,214,450	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	3,886,756	101.00
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	2,773,427	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	196,802,912	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,002,446	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	5,242,896	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	2,440,914	190.06
190.07	19007	FOUNDATION	0	52,183	190.07
190.08	19008	GOSHEN GACC CLINIC	0	6	190.08
191.00	19100	RESEARCH	0	402,482	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,232	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	206,946,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:10 am

	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						1.00
2.00	00200						2.00
4.00	00400	0	26,088	2,274	28,362	28,362	4.00
5.01	00580	0	37,495	600	38,095	339	5.01
5.02	00590	0	175,020	1,560,768	1,735,788	4,782	5.02
6.00	00600	0	0	0	0	0	6.00
7.00	00700	0	153,000	204,616	357,616	276	7.00
8.00	00800	0	10,641	0	10,641	17	8.00
9.00	00900	0	2,760	11,132	13,892	352	9.00
10.00	01000	0	18,269	5,269	23,538	136	10.00
11.00	01100	0	18,932	5,460	24,392	141	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	7,236	364,095	371,331	744	13.00
14.00	01400	0	14,836	52,112	66,948	108	14.00
15.00	01500	0	12,237	124,518	136,755	553	15.00
16.00	01600	0	25,725	27,127	52,852	425	16.00
17.00	01700	0	6,153	366	6,519	380	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	1,498	0	1,498	58	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	177,861	103,879	281,740	3,819	30.00
31.00	03100	0	57,384	77,963	135,347	1,002	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	8,544	11,616	20,160	130	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	344,044	467,398	811,442	1,468	50.00
51.00	05100	0	18,264	17,733	35,997	193	51.00
52.00	05200	0	45,780	62,239	108,019	695	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	151,560	595,316	746,876	1,637	54.00
55.00	05500	0	252,391	520,923	773,314	3,674	55.00
56.00	05600	0	6,891	57,715	64,606	153	56.00
56.01	05601	0	15,832	602,993	618,825	368	56.01
57.00	05700	0	3,843	0	3,843	205	57.00
58.00	05800	0	8,700	0	8,700	168	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	33,468	12,826	46,294	1,076	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	2,385	0	2,385	0	63.00
64.00	06400	0	0	679	679	0	64.00
65.00	06500	0	15,043	93,600	108,643	774	65.00
66.00	06600	0	75,054	18,393	93,447	663	66.00
67.00	06700	0	25,794	10,972	36,766	296	67.00
68.00	06800	0	3,146	1,673	4,819	126	68.00
69.00	06900	0	26,986	4,396	31,382	116	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	0	26,560	0	26,560	80	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
90.00 09000 CLINIC	0	12,560	2,667	15,227	122	90.00
90.02 09002 WOUND CLINIC	0	112,774	2,980	115,754	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	117,752	64,043	181,795	1,528	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	29,527	13,513	43,040	788	101.00
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	374	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	2,082,033	5,101,854	7,183,887	27,766	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	64,626	41,654	106,280	276	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	16,990	14,436	31,426	244	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	5	190.06
190.07 19007 FOUNDTION	0	10,371	0	10,371	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	71	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	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	2,174,020	5,157,944	7,331,964	28,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

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Part II
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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	38,434					5.01
5.02	00590	OTHER ADMIN & GENERAL	0	1,740,570				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	40,941	0	398,833		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,113	0	2,381	19,152	8.00
9.00	00900	HOUSEKEEPING	0	16,659	0	618	0	9.00
10.00	01000	DIETARY	0	7,192	0	4,088	0	10.00
11.00	01100	CAFETERIA	0	5,311	0	4,236	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	34,788	0	1,619	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,091	0	3,320	0	14.00
15.00	01500	PHARMACY	0	28,186	0	2,738	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,282	0	5,756	0	16.00
17.00	01700	SOCIAL SERVICE	0	13,769	0	1,377	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	1,624	0	335	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,154	182,679	0	39,798	4,023	30.00
31.00	03100	INTENSIVE CARE UNIT	654	45,329	0	12,840	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	297	5,636	0	1,912	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	3,059	84,798	0	76,981	5,474	50.00
51.00	05100	RECOVERY ROOM	353	7,538	0	4,087	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	416	29,471	0	10,244	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	145	310	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,778	66,024	0	33,913	1,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,660	155,111	0	56,475	538	55.00
56.00	05600	RADIOISOTOPE	944	8,675	0	1,542	461	56.00
56.01	05601	CARDIAC CATH LAB	1,800	35,662	0	3,543	0	56.01
57.00	05700	CT SCAN	1,803	15,402	0	860	880	57.00
58.00	05800	MRI	476	7,347	0	1,947	233	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,410	94,517	0	7,489	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.	152	132	0	534	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6	78	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	493	32,815	0	3,366	0	65.00
66.00	06600	PHYSICAL THERAPY	468	27,362	0	16,794	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	199	11,618	0	5,772	0	67.00
68.00	06800	SPEECH PATHOLOGY	89	4,968	0	704	0	68.00
69.00	06900	ELECTROCARDIOLOGY	506	5,597	0	6,038	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,578	102,491	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	851	55,366	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,987	332,459	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24	2,644	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	19	3,107	0	5,943	0	76.00
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	66	2,116	0	2,810	0	90.00
90.02	09002	WOUND CLINIC	306	12,604	0	25,234	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:10 am

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	
91.00	09100	EMERGENCY	2,275	71,708	0	26,348	6,186	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	153	31,315	0	6,607	0	101.00
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	313	22,623	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,434	1,658,458	0	378,249	19,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	14,642	0	14,461	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	43,465	0	3,802	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,530	0	0	0	190.06
190.07	19007	FOUNDATION	0	103	0	2,321	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	3,353	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	19	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)	38,434	1,740,570	0	398,833	19,152	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 11:10 am	
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	31,521					9.00
10.00	01000	DIETARY	326	35,280				10.00
11.00	01100	CAFETERIA	337	0	34,417			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	129	0	711	0	409,322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	264	0	805	0	72	14.00
15.00	01500	PHARMACY	218	0	652	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	458	0	719	0	3,167	16.00
17.00	01700	SOCIAL SERVICE	110	0	668	0	14,888	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	27	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,169	30,028	6,202	0	149,635	30.00
31.00	03100	INTENSIVE CARE UNIT	1,022	5,252	1,357	0	42,716	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	152	0	218	0	5,620	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	6,131	0	2,485	0	49,558	50.00
51.00	05100	RECOVERY ROOM	325	0	287	0	10,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	816	0	1,166	0	30,115	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	2,701	0	2,639	0	10,242	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,497	0	3,716	0	29,988	55.00
56.00	05600	RADIOISOTOPE	123	0	271	0	519	56.00
56.01	05601	CARDIAC CATH LAB	282	0	499	0	6,148	56.01
57.00	05700	CT SCAN	68	0	379	0	41	57.00
58.00	05800	MRI	155	0	300	0	980	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	596	0	1,675	0	415	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.	43	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	268	0	1,245	0	1,542	65.00
66.00	06600	PHYSICAL THERAPY	1,337	0	1,843	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	460	0	77	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	56	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	481	0	292	0	530	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	473	0	140	0	0	76.00
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	224	0	217	0	1,477	90.00
90.02	09002	WOUND CLINIC	2,009	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,098	0	2,672	0	51,421	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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	526	0	1,354	0	0	101.00
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	590	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,881	35,280	33,179	0	409,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,152	0	586	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	303	0	467	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	185	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	184	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	1	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)	31,521	35,280	34,417	0	409,322	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 11:10 am	
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	83,608					14.00
15.00	01500	PHARMACY	210	169,312				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	0	97,677			16.00
17.00	01700	SOCIAL SERVICE	3	0	0	37,714		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	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,916	0	5,491	12,792		30.00
31.00	03100	INTENSIVE CARE UNIT	945	0	1,668	2,263		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	94	0	757	539		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	2,178	0	7,798	378		50.00
51.00	05100	RECOVERY ROOM	67	0	900	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	506	0	1,060	2,885		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
53.01	05301	PAIN MANAGEMENT	0	0	369	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	835	0	7,081	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,571	0	6,781	0		55.00
56.00	05600	RADIOISOTOPE	45	0	2,406	0		56.00
56.01	05601	CARDIAC CATH LAB	885	0	4,589	0		56.01
57.00	05700	CT SCAN	693	0	4,595	0		57.00
58.00	05800	MRI	291	0	1,214	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	8,856	0	6,143	0		60.00
60.01	06001	BLOOD LABORATORY	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		62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1	0	388	0		63.00
64.00	06400	INTRAVENOUS THERAPY	2	0	16	0		64.00
65.00	06500	RESPIRATORY THERAPY	829	0	1,257	0		65.00
66.00	06600	PHYSICAL THERAPY	61	0	1,192	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	24	0	508	0		67.00
68.00	06800	SPEECH PATHOLOGY	5	0	226	0		68.00
69.00	06900	ELECTROCARDIOLOGY	23	0	1,290	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,520	0	4,022	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,730	0	2,170	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	169,312	27,710	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	61	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03950	NUTRITION THERAPY	2	0	48	0		76.00
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	52	0	168	0		90.00
90.02	09002	WOUND CLINIC	185	0	781	0		90.02
90.03	09003	MOBILE CLINIC	0	0	0	0		90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
91.00	09100	EMERGENCY	2,684	0	5,798	18,857		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	287	0	391	0		101.00
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	2,051	0	799	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,569	169,312	97,677	37,714	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	28	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	5	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	6	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)	83,608	169,312	97,677	37,714	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 11:10 am	
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			3,542	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			725,446	30.00
31.00	03100	INTENSIVE CARE UNIT			250,395	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			35,515	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			1,051,750	50.00
51.00	05100	RECOVERY ROOM			59,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			185,393	52.00
53.00	05300	ANESTHESIOLOGY			0	53.00
53.01	05301	PAIN MANAGEMENT			824	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC			876,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,038,325	55.00
56.00	05600	RADIOISOTOPE			79,745	56.00
56.01	05601	CARDIAC CATH LAB			672,601	56.01
57.00	05700	CT SCAN			28,769	57.00
58.00	05800	MRI			21,811	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	59.00
60.00	06000	LABORATORY			169,471	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.			3,635	63.00
64.00	06400	INTRAVENOUS THERAPY			781	64.00
65.00	06500	RESPIRATORY THERAPY			151,232	65.00
66.00	06600	PHYSICAL THERAPY			143,167	66.00
67.00	06700	OCCUPATIONAL THERAPY			55,720	67.00
68.00	06800	SPEECH PATHOLOGY			10,993	68.00
69.00	06900	ELECTROCARDIOLOGY			46,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			144,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			78,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			540,468	73.00
74.00	07400	RENAL DIALYSIS			2,729	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	75.00
76.00	03950	NUTRITION THERAPY			36,372	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	89.00
90.00	09000	CLINIC			22,479	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.02 09002 WOUND CLINIC					156,873	90.02
90.03 09003 MOBILE CLINIC					0	90.03
91.00 09100 EMERGENCY					373,370	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					84,461	101.00
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					26,750	116.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1 through 117)						
	0	0	0	0	7,074,136	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN					137,425	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					79,712	190.04
190.05 19005 PRIVATE DUTY					0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT					20,535	190.06
190.07 19007 FOUNDTION					12,980	190.07
190.08 19008 GOSHEN GACC CLINIC					0	190.08
191.00 19100 RESEARCH					3,614	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES					20	192.00
193.00 19300 NONPAID WORKERS					0	193.00
200.00	Cross Foot Adjustments	0	0	0	3,542	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	0	3,542	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 11:10 am
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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	725,446	30.00
31.00	03100	INTENSIVE CARE UNIT	250,395	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	35,515	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	1,051,750	50.00
51.00	05100	RECOVERY ROOM	59,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	185,393	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	824	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,083	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,038,325	55.00
56.00	05600	RADIOISOTOPE	79,745	56.00
56.01	05601	CARDIAC CATH LAB	672,601	56.01
57.00	05700	CT SCAN	28,769	57.00
58.00	05800	MRI	21,811	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	169,471	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.	3,635	63.00
64.00	06400	INTRAVENOUS THERAPY	781	64.00
65.00	06500	RESPIRATORY THERAPY	151,232	65.00
66.00	06600	PHYSICAL THERAPY	143,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,720	67.00
68.00	06800	SPEECH PATHOLOGY	10,993	68.00
69.00	06900	ELECTROCARDIOLOGY	46,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	540,468	73.00
74.00	07400	RENAL DIALYSIS	2,729	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION THERAPY	36,372	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	22,479	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.02	09002	WOUND CLINIC	0	156,873	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	373,370	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	84,461	101.00
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	26,750	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,074,136	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	137,425	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	79,712	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,535	190.06
190.07	19007	FOUNDTION	0	12,980	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	3,614	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	20	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	3,542	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,331,964	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

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	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,341				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,350,243			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,528	3,240	80,792,819		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,508	855	964,786	751,617,298	5.01
5.02	00590	OTHER ADMIN & GENERAL	30,378	2,224,151	13,611,566	0	-24,760,137
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	26,556	291,584	786,750	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,847	0	49,534	0	8.00
9.00	00900	HOUSEKEEPING	479	15,863	1,001,455	0	9.00
10.00	01000	DIETARY	3,171	7,509	386,362	0	10.00
11.00	01100	CAFETERIA	3,286	7,781	400,383	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,256	518,847	2,118,397	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,575	74,261	307,821	0	14.00
15.00	01500	PHARMACY	2,124	177,442	1,575,968	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,465	38,657	1,210,614	0	16.00
17.00	01700	SOCIAL SERVICE	1,068	521	1,082,028	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	260	0	166,273	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,871	148,031	10,881,308	42,240,343	0
31.00	03100	INTENSIVE CARE UNIT	9,960	111,100	2,853,955	12,832,986	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,483	16,553	369,763	5,823,182	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,715	666,057	4,183,699	59,986,191	0
51.00	05100	RECOVERY ROOM	3,170	25,270	549,312	6,926,620	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,946	88,693	1,981,260	8,156,295	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	0	0	0	2,835,443	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,306	848,345	4,663,635	54,470,339	0
55.00	05500	RADIOLOGY-THERAPEUTIC	43,807	742,333	10,468,018	52,157,764	0
56.00	05600	RADIOISOTOPE	1,196	82,246	435,819	18,508,128	0
56.01	05601	CARDIAC CATH LAB	2,748	859,285	1,048,988	35,301,936	0
57.00	05700	CT SCAN	667	0	585,428	35,344,816	0
58.00	05800	MRI	1,510	0	478,424	9,340,567	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	5,809	18,278	3,065,494	47,253,367	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	414	0	0	2,987,023	0
64.00	06400	INTRAVENOUS THERAPY	0	967	0	122,207	0
65.00	06500	RESPIRATORY THERAPY	2,611	133,383	2,206,167	9,665,783	0
66.00	06600	PHYSICAL THERAPY	13,027	26,211	1,889,951	9,170,193	0
67.00	06700	OCCUPATIONAL THERAPY	4,477	15,635	842,297	3,907,935	0
68.00	06800	SPEECH PATHOLOGY	546	2,384	358,195	1,740,652	0
69.00	06900	ELECTROCARDIOLOGY	4,684	6,264	329,638	9,923,837	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,938,026	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,693,357	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	213,391,876	0
74.00	07400	RENAL DIALYSIS	0	0	0	470,000	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION THERAPY	4,610	0	229,021	366,485	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

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	4.00	5.01	5A.02		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,180	3,800	346,332	1,294,833	0	0	90.00
90.02	09002	WOUND CLINIC	19,574	4,247	0	6,008,234	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,438	91,263	4,353,834	44,602,929	0	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	0	99.00
101.00	10100	HOME HEALTH AGENCY	5,125	19,256	2,244,781	3,009,362	0	0	101.00
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	0	115.00
116.00	11600	HOSPICE	0	0	1,065,680	6,146,589	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	361,375	7,270,312	79,092,936	751,617,298	-24,760,137		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	11,217	59,359	787,541	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	2,949	20,572	694,683	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	14,400	0	0	0	190.06
190.07	19007	FOUNDTION	1,800	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	202,044	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	1,215	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	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)	2,174,020	5,157,944	22,175,695	2,688,297			202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.761420	0.701738	0.274476	0.003577			203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			28,362	38,434			204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000351	0.000051			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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590	182,185,934					5.02
6.00	00600		0				6.00
7.00	00700	4,285,259		309,371			7.00
8.00	00800	639,788	0	1,847	651,347		8.00
9.00	00900	1,743,706	0	479	0	307,045	9.00
10.00	01000	752,729	0	3,171	0	3,171	10.00
11.00	01100	555,856	0	3,286	0	3,286	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,641,215	0	1,256	0	1,256	13.00
14.00	01400	1,265,535	0	2,575	0	2,575	14.00
15.00	01500	2,950,144	0	2,124	0	2,124	15.00
16.00	01600	3,588,272	0	4,465	0	4,465	16.00
17.00	01700	1,441,175	0	1,068	0	1,068	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	169,979	0	260	0	260	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,120,655	0	30,871	136,804	30,871	30.00
31.00	03100	4,744,458	0	9,960	0	9,960	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	589,923	0	1,483	0	1,483	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,875,649	0	59,715	186,155	59,715	50.00
51.00	05100	788,961	0	3,170	0	3,170	51.00
52.00	05200	3,084,641	0	7,946	0	7,946	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	32,398	0	0	0	0	53.01
54.00	05400	6,910,568	0	26,306	46,144	26,306	54.00
55.00	05500	16,235,147	0	43,807	18,293	43,807	55.00
56.00	05600	908,022	0	1,196	15,679	1,196	56.00
56.01	05601	3,732,726	0	2,748	0	2,748	56.01
57.00	05700	1,612,150	0	667	29,942	667	57.00
58.00	05800	769,044	0	1,510	7,913	1,510	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	9,892,912	0	5,809	0	5,809	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	13,779	0	414	0	414	63.00
64.00	06400	8,115	0	0	0	0	64.00
65.00	06500	3,434,647	0	2,611	0	2,611	65.00
66.00	06600	2,863,975	0	13,027	0	13,027	66.00
67.00	06700	1,216,005	0	4,477	0	4,477	67.00
68.00	06800	519,945	0	546	0	546	68.00
69.00	06900	585,782	0	4,684	0	4,684	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	10,727,505	0	0	0	0	71.00
72.00	07200	5,795,072	0	0	0	0	72.00
73.00	07300	34,802,019	0	0	0	0	73.00
74.00	07400	276,724	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	325,169	0	4,610	0	4,610	76.00
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	221,503	0	2,180	0	2,180	90.00
90.02	09002	1,319,224	0	19,574	0	19,574	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

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	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,505,509	0	20,438	210,417	20,438	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	3,277,662	0	5,125	0	5,125	101.00
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	2,367,916	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173,591,463	0	293,405	651,347	291,079	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,532,552	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	4,549,439	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	2,148,863	0	0	0	0	190.06
190.07	19007	FOUNDATION	10,746	0	1,800	0	1,800	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	350,919	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,952	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)	24,760,137	0	4,867,651	755,800	1,988,223	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.135906	0.000000	15.734025	1.160365	6.475347	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,740,570	0	398,833	19,152	31,521	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009554	0.000000	1.289174	0.029404	0.102659	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
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	87,797					10.00
11.00	01100	0	1,713,606				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	35,378	0	555,691		13.00
14.00	01400	0	40,058	0	98	24,304,823	14.00
15.00	01500	0	32,482	0	0	60,979	15.00
16.00	01600	0	35,808	0	4,299	5,158	16.00
17.00	01700	0	33,264	0	20,212	875	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	74,727	308,926	0	203,139	1,138,286	30.00
31.00	03100	13,070	67,555	0	57,991	274,702	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	10,836	0	7,630	27,445	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	123,721	0	67,280	633,054	50.00
51.00	05100	0	14,292	0	13,913	19,384	51.00
52.00	05200	0	58,061	0	40,884	147,056	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	131,387	0	13,904	242,773	54.00
55.00	05500	0	185,005	0	40,712	456,592	55.00
56.00	05600	0	13,500	0	705	13,070	56.00
56.01	05601	0	24,823	0	8,347	257,154	56.01
57.00	05700	0	18,848	0	56	201,338	57.00
58.00	05800	0	14,924	0	1,331	84,566	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	83,407	0	564	2,574,339	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	190	63.00
64.00	06400	0	0	0	0	679	64.00
65.00	06500	0	61,967	0	2,093	241,071	65.00
66.00	06600	0	91,738	0	0	17,834	66.00
67.00	06700	0	3,809	0	0	6,932	67.00
68.00	06800	0	0	0	0	1,588	68.00
69.00	06900	0	14,544	0	720	6,715	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	10,616,841	71.00
72.00	07200	0	0	0	0	5,735,361	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	3	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	6,970	0	0	646	76.00
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	0	10,805	0	2,005	15,015	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CLINIC	0	1	0	0	53,644	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	133,059	0	69,808	780,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	67,417	0	0	83,566	101.00
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	29,379	0	0	596,218	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	87,797	1,651,964	0	555,691	24,293,336	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	29,156	0	0	8,085	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	23,271	0	0	1,593	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	124	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	15	0	0	0	190.08
191.00	19100	RESEARCH	0	9,170	0	0	1,636	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	30	0	0	49	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)	925,455	704,380	0	4,178,515	1,511,921	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.540850	0.411051	0.000000	7.519494	0.062207	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,280	34,417	0	409,322	83,608	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.401836	0.020085	0.000000	0.736600	0.003440	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 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

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	34,038,955					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	751,617,298				16.00
17.00	01700	SOCIAL SERVICE	0	0	33,264			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	42,240,343	11,283	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,832,986	1,996	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 - 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	5,823,182	475	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	59,986,191	333	0	0	50.00
51.00	05100	RECOVERY ROOM	0	6,926,620	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,156,295	2,545	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	2,835,443	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,470,339	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	52,157,764	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	18,508,128	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	35,301,936	0	0	0	56.01
57.00	05700	CT SCAN	0	35,344,816	0	0	0	57.00
58.00	05800	MRI	0	9,340,567	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	47,253,367	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	2,987,023	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	122,207	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,665,783	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,170,193	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,907,935	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,740,652	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,923,837	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	30,938,026	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,693,357	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,038,955	213,391,876	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	470,000	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	366,485	0	0	0	76.00
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	1,294,833	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.02	09002	WOUND CLINIC	0	6,008,234	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	44,602,929	16,632	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,009,362	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	6,146,589	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,038,955	751,617,298	33,264	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT FLOWER COFFEE SHOP & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,415,404	4,222,470	1,826,470	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.100338	0.005618	54.908309	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	169,312	97,677	37,714	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004974	0.000130	1.133778	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
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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
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
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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			23.00
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
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	198,855	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,988.550000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	3,542	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	35.420000	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 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:10 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,933,452		25,933,452	0	25,933,452	30.00
31.00	03100	INTENSIVE CARE UNIT	6,410,845		6,410,845	0	6,410,845	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	825,365		825,365	0	825,365	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	12,575,576		12,575,576	0	12,575,576	50.00
51.00	05100	RECOVERY ROOM	1,117,204		1,117,204	0	1,117,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,206,343		4,206,343	0	4,206,343	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	52,731		52,731	112,478	165,209	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,967,213		8,967,213	44,090	9,011,303	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,139,359		20,139,359	0	20,139,359	55.00
56.00	05600	RADIOISOTOPE	1,191,826		1,191,826	0	1,191,826	56.00
56.01	05601	CARDIAC CATH LAB	4,588,349		4,588,349	0	4,588,349	56.01
57.00	05700	CT SCAN	2,100,069		2,100,069	0	2,100,069	57.00
58.00	05800	MRI	990,159		990,159	0	990,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	11,830,569		11,830,569	0	11,830,569	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.	41,640		41,640	0	41,640	63.00
64.00	06400	INTRAVENOUS THERAPY	9,947		9,947	0	9,947	64.00
65.00	06500	RESPIRATORY THERAPY	4,069,933	0	4,069,933	0	4,069,933	65.00
66.00	06600	PHYSICAL THERAPY	3,632,863	0	3,632,863	0	3,632,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,504,650	0	1,504,650	0	1,504,650	67.00
68.00	06800	SPEECH PATHOLOGY	612,614	0	612,614	0	612,614	68.00
69.00	06900	ELECTROCARDIOLOGY	836,984		836,984	0	836,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,019,681		13,019,681	0	13,019,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,033,220		7,033,220	0	7,033,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,145,925		44,145,925	0	44,145,925	73.00
74.00	07400	RENAL DIALYSIS	316,972		316,972	0	316,972	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION THERAPY	476,710		476,710	0	476,710	76.00
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	327,749		327,749	0	327,749	90.00
90.02	09002	WOUND CLINIC	1,970,331		1,970,331	0	1,970,331	90.02
90.03	09003	MOBILE CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	11,214,450		11,214,450	65,326	11,279,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,027,625		6,027,625	0	6,027,625	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	3,886,756		3,886,756	0	3,886,756	101.00
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	2,773,427		2,773,427	0	2,773,427	116.00
200.00		Subtotal (see instructions)	202,830,537	0	202,830,537	221,894	203,052,431	200.00
201.00		Less Observation Beds	6,027,625		6,027,625	0	6,027,625	201.00
202.00		Total (see instructions)	196,802,912	0	196,802,912	221,894	197,024,806	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,240,343		42,240,343	30.00
31.00	03100	INTENSIVE CARE UNIT	12,832,986		12,832,986	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	5,823,182		5,823,182	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	14,671,969	45,314,221	59,986,190	0.209641 50.00
51.00	05100	RECOVERY ROOM	2,037,583	4,889,037	6,926,620	0.161291 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,351,625	804,669	8,156,294	0.515717 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000 53.00
53.01	05301	PAIN MANAGEMENT	592,709	2,242,735	2,835,444	0.018597 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,687,189	45,783,150	54,470,339	0.164626 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	273,280	51,884,484	52,157,764	0.386124 55.00
56.00	05600	RADIOISOTOPE	1,049,216	17,458,912	18,508,128	0.064395 56.00
56.01	05601	CARDIAC CATH LAB	13,790,757	21,511,179	35,301,936	0.129974 56.01
57.00	05700	CT SCAN	7,047,640	28,297,176	35,344,816	0.059417 57.00
58.00	05800	MRI	736,686	8,603,881	9,340,567	0.106006 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000 59.00
60.00	06000	LABORATORY	15,405,817	31,847,550	47,253,367	0.250365 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000 62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,969,662	1,017,361	2,987,023	0.013940 63.00
64.00	06400	INTRAVENOUS THERAPY	0	122,207	122,207	0.081395 64.00
65.00	06500	RESPIRATORY THERAPY	6,572,467	3,093,317	9,665,784	0.421066 65.00
66.00	06600	PHYSICAL THERAPY	1,548,977	7,621,216	9,170,193	0.396160 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,462,444	2,445,491	3,907,935	0.385024 67.00
68.00	06800	SPEECH PATHOLOGY	217,962	1,522,690	1,740,652	0.351945 68.00
69.00	06900	ELECTROCARDIOLOGY	5,169,951	4,753,886	9,923,837	0.084341 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,470,103	17,467,923	30,938,026	0.420831 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,538,903	12,154,454	16,693,357	0.421318 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,491,839	176,900,037	213,391,876	0.206877 73.00
74.00	07400	RENAL DIALYSIS	428,800	41,200	470,000	0.674409 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000 75.00
76.00	03950	NUTRITION THERAPY	258,550	107,935	366,485	1.300763 76.00
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	1,294,833	1,294,833	0.253121 90.00
90.02	09002	WOUND CLINIC	18,137	5,990,097	6,008,234	0.327938 90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000 90.03
91.00	09100	EMERGENCY	7,459,579	37,143,350	44,602,929	0.251429 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,622,955	11,749,648	13,372,603	0.450744 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,009,362	3,009,362	101.00
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	6,146,589	6,146,589	116.00
200.00		Subtotal (see instructions)	213,771,311	551,218,590	764,989,901	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	213,771,311	551,218,590	764,989,901	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209641			50.00
51.00	05100 RECOVERY ROOM	0.161291			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.515717			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.058266			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165435			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.386124			55.00
56.00	05600 RADIOISOTOPE	0.064395			56.00
56.01	05601 CARDIAC CATH LAB	0.129974			56.01
57.00	05700 CT SCAN	0.059417			57.00
58.00	05800 MRI	0.106006			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.250365			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.	0.013940			63.00
64.00	06400 INTRAVENOUS THERAPY	0.081395			64.00
65.00	06500 RESPIRATORY THERAPY	0.421066			65.00
66.00	06600 PHYSICAL THERAPY	0.396160			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385024			67.00
68.00	06800 SPEECH PATHOLOGY	0.351945			68.00
69.00	06900 ELECTROCARDIOLOGY	0.084341			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.420831			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.421318			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206877			73.00
74.00	07400 RENAL DIALYSIS	0.674409			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950 NUTRITION THERAPY	1.300763			76.00
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	0.253121			90.00
90.02	09002 WOUND CLINIC	0.327938			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.252893			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.450744			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
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: 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:10 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,933,452		25,933,452	0	25,933,452	30.00
31.00	03100	INTENSIVE CARE UNIT	6,410,845		6,410,845	0	6,410,845	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	825,365		825,365	0	825,365	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	12,575,576		12,575,576	0	12,575,576	50.00
51.00	05100	RECOVERY ROOM	1,117,204		1,117,204	0	1,117,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,206,343		4,206,343	0	4,206,343	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	52,731		52,731	112,478	165,209	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,967,213		8,967,213	44,090	9,011,303	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,139,359		20,139,359	0	20,139,359	55.00
56.00	05600	RADIOISOTOPE	1,191,826		1,191,826	0	1,191,826	56.00
56.01	05601	CARDIAC CATH LAB	4,588,349		4,588,349	0	4,588,349	56.01
57.00	05700	CT SCAN	2,100,069		2,100,069	0	2,100,069	57.00
58.00	05800	MRI	990,159		990,159	0	990,159	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	11,830,569		11,830,569	0	11,830,569	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.	41,640		41,640	0	41,640	63.00
64.00	06400	INTRAVENOUS THERAPY	9,947		9,947	0	9,947	64.00
65.00	06500	RESPIRATORY THERAPY	4,069,933	0	4,069,933	0	4,069,933	65.00
66.00	06600	PHYSICAL THERAPY	3,632,863	0	3,632,863	0	3,632,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,504,650	0	1,504,650	0	1,504,650	67.00
68.00	06800	SPEECH PATHOLOGY	612,614	0	612,614	0	612,614	68.00
69.00	06900	ELECTROCARDIOLOGY	836,984		836,984	0	836,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,019,681		13,019,681	0	13,019,681	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,033,220		7,033,220	0	7,033,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,145,925		44,145,925	0	44,145,925	73.00
74.00	07400	RENAL DIALYSIS	316,972		316,972	0	316,972	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	NUTRITION THERAPY	476,710		476,710	0	476,710	76.00
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	327,749		327,749	0	327,749	90.00
90.02	09002	WOUND CLINIC	1,970,331		1,970,331	0	1,970,331	90.02
90.03	09003	MOBILE CLINIC	0		0	0	0	90.03
91.00	09100	EMERGENCY	11,214,450		11,214,450	65,326	11,279,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,027,625		6,027,625	0	6,027,625	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	3,886,756		3,886,756	0	3,886,756	101.00
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	2,773,427		2,773,427	0	2,773,427	116.00
200.00		Subtotal (see instructions)	202,830,537	0	202,830,537	221,894	203,052,431	200.00
201.00		Less Observation Beds	6,027,625		6,027,625	0	6,027,625	201.00
202.00		Total (see instructions)	196,802,912	0	196,802,912	221,894	197,024,806	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:10 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,240,343		42,240,343		30.00
31.00	03100	INTENSIVE CARE UNIT	12,832,986		12,832,986		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	5,823,182		5,823,182		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	14,671,969	45,314,221	59,986,190	0.209641	50.00
51.00	05100	RECOVERY ROOM	2,037,583	4,889,037	6,926,620	0.161291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,351,625	804,669	8,156,294	0.515717	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	592,709	2,242,735	2,835,444	0.018597	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,687,189	45,783,150	54,470,339	0.164626	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	273,280	51,884,484	52,157,764	0.386124	55.00
56.00	05600	RADIOISOTOPE	1,049,216	17,458,912	18,508,128	0.064395	56.00
56.01	05601	CARDIAC CATH LAB	13,790,757	21,511,179	35,301,936	0.129974	56.01
57.00	05700	CT SCAN	7,047,640	28,297,176	35,344,816	0.059417	57.00
58.00	05800	MRI	736,686	8,603,881	9,340,567	0.106006	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	15,405,817	31,847,550	47,253,367	0.250365	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,969,662	1,017,361	2,987,023	0.013940	63.00
64.00	06400	INTRAVENOUS THERAPY	0	122,207	122,207	0.081395	64.00
65.00	06500	RESPIRATORY THERAPY	6,572,467	3,093,317	9,665,784	0.421066	65.00
66.00	06600	PHYSICAL THERAPY	1,548,977	7,621,216	9,170,193	0.396160	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,462,444	2,445,491	3,907,935	0.385024	67.00
68.00	06800	SPEECH PATHOLOGY	217,962	1,522,690	1,740,652	0.351945	68.00
69.00	06900	ELECTROCARDIOLOGY	5,169,951	4,753,886	9,923,837	0.084341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,470,103	17,467,923	30,938,026	0.420831	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,538,903	12,154,454	16,693,357	0.421318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,491,839	176,900,037	213,391,876	0.206877	73.00
74.00	07400	RENAL DIALYSIS	428,800	41,200	470,000	0.674409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION THERAPY	258,550	107,935	366,485	1.300763	76.00
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	0	1,294,833	1,294,833	0.253121	90.00
90.02	09002	WOUND CLINIC	18,137	5,990,097	6,008,234	0.327938	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	7,459,579	37,143,350	44,602,929	0.251429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,622,955	11,749,648	13,372,603	0.450744	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	3,009,362	3,009,362		101.00
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	6,146,589	6,146,589		116.00
200.00		Subtotal (see instructions)	213,771,311	551,218,590	764,989,901		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	213,771,311	551,218,590	764,989,901		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
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
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
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 01/01/2021
To 12/31/2021

Worksheet D
Part I
Date/Time Prepared:
5/26/2022 11:10 am

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	725,446	0	725,446	22,450	32.31	30.00	
31.00	INTENSIVE CARE UNIT	250,395		250,395	3,014	83.08	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	35,515		35,515	1,851	19.19	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	1,011,356		1,011,356	27,315		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,930	159,288					
31.00	INTENSIVE CARE UNIT	831	69,039					
32.00	CORONARY CARE UNIT	0	0					
33.00	BURN INTENSIVE CARE UNIT	0	0					
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					
40.00	SUBPROVIDER - IPF	0	0					
41.00	SUBPROVIDER - IRF	0	0					
42.00	SUBPROVIDER	0	0					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	0	0					
45.00	NURSING FACILITY	0	0					
200.00	Total (lines 30 through 199)	5,761	228,327					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 11:10 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,051,750	59,986,190	0.017533	4,213,047	73,867	50.00
51.00	05100	RECOVERY ROOM	59,995	6,926,620	0.008662	597,150	5,173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	185,393	8,156,294	0.022730	645	15	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301	PAIN MANAGEMENT	824	2,835,444	0.000291	171,829	50	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	876,083	54,470,339	0.016084	2,870,815	46,174	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,038,325	52,157,764	0.019907	216,664	4,313	55.00
56.00	05600	RADIOISOTOPE	79,745	18,508,128	0.004309	420,185	1,811	56.00
56.01	05601	CARDIAC CATH LAB	672,601	35,301,936	0.019053	3,783,353	72,084	56.01
57.00	05700	CT SCAN	28,769	35,344,816	0.000814	2,312,735	1,883	57.00
58.00	05800	MRI	21,811	9,340,567	0.002335	227,070	530	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	169,471	47,253,367	0.003586	4,492,746	16,111	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.	3,635	2,987,023	0.001217	506,692	617	63.00
64.00	06400	INTRAVENOUS THERAPY	781	122,207	0.006391	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	151,232	9,665,784	0.015646	1,750,786	27,393	65.00
66.00	06600	PHYSICAL THERAPY	143,167	9,170,193	0.015612	587,015	9,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,720	3,907,935	0.014258	556,134	7,929	67.00
68.00	06800	SPEECH PATHOLOGY	10,993	1,740,652	0.006315	82,100	518	68.00
69.00	06900	ELECTROCARDIOLOGY	46,255	9,923,837	0.004661	1,660,623	7,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,611	30,938,026	0.004674	3,763,590	17,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,117	16,693,357	0.004680	1,123,414	5,258	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	540,468	213,391,876	0.002533	10,014,340	25,366	73.00
74.00	07400	RENAL DIALYSIS	2,729	470,000	0.005806	135,000	784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION THERAPY	36,372	366,485	0.099246	86,804	8,615	76.00
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	22,479	1,294,833	0.017361	0	0	90.00
90.02	09002	WOUND CLINIC	156,873	6,008,234	0.026110	9,487	248	90.02
90.03	09003	MOBILE CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	373,370	44,602,929	0.008371	2,385,554	19,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	168,611	13,372,603	0.012609	598,417	7,545	92.00
200.00		Total (lines 50 through 199)	6,120,180	694,937,439		42,566,195	360,748	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 11:10 am	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	
42.00	04200	SUBPROVIDER	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	
45.00	04500	NURSING FACILITY	0	0	0	0	0	
200.00		Total (lines 30 through 199)	0	0	0	0	0	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	22,450	0.00	4,930	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,014	0.00	831	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	
43.00	04300	NURSERY	0	0	1,851	0.00	0	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	
200.00		Total (lines 30 through 199)	0	0	27,315		5,761	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					
31.00	03100	INTENSIVE CARE UNIT	0					
32.00	03200	CORONARY CARE UNIT	0					
33.00	03300	BURN INTENSIVE CARE UNIT	0					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					
40.00	04000	SUBPROVIDER - IPF	0					
41.00	04100	SUBPROVIDER - IRF	0					
42.00	04200	SUBPROVIDER	0					
43.00	04300	NURSERY	0					
44.00	04400	SKILLED NURSING FACILITY	0					
45.00	04500	NURSING FACILITY	0					
200.00		Total (lines 30 through 199)	0					

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 11:10 am
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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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	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	62.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	0	0	0	0	76.00
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	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	198,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	198,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 11:10 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	59,986,190	0.000000		50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,926,620	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	8,156,294	0.000000		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000		53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	2,835,444	0.000000		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54,470,339	0.000000		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	52,157,764	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	18,508,128	0.000000		56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	35,301,936	0.000000		56.01
57.00 05700 CT SCAN	0	0	0	35,344,816	0.000000		57.00
58.00 05800 MRI	0	0	0	9,340,567	0.000000		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000		59.00
60.00 06000 LABORATORY	0	0	0	47,253,367	0.000000		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000		62.00
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	2,987,023	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	122,207	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,665,784	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,170,193	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,907,935	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,740,652	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	9,923,837	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	30,938,026	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,693,357	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	213,391,876	0.000000		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	470,000	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	366,485	0.000000		76.00
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	1,294,833	0.000000		90.00
90.02 09002 WOUND CLINIC	0	0	0	6,008,234	0.000000		90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0.000000		90.03
91.00 09100 EMERGENCY	0	198,855	198,855	44,602,929	0.004458		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	13,372,603	0.000000		92.00
200.00 Total (lines 50 through 199)	0	198,855	198,855	694,937,439			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 11:10 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	4,213,047	0	8,635,866	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	597,150	0	1,611,745	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	645	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
53.01	05301 PAIN MANAGEMENT	0.000000	171,829	0	483,986	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,870,815	0	9,668,995	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	216,664	0	14,732,019	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	420,185	0	4,343,181	0	56.00	
56.01	05601 CARDIAC CATH LAB	0.000000	3,783,353	0	7,650,322	0	56.01	
57.00	05700 CT SCAN	0.000000	2,312,735	0	5,955,712	0	57.00	
58.00	05800 MRI	0.000000	227,070	0	1,776,822	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	4,492,746	0	4,959,215	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	506,692	0	252,844	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,750,786	0	1,069,310	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	587,015	0	92,581	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	556,134	0	60,677	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	82,100	0	10,945	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,660,623	0	809,318	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	3,763,590	0	3,751,775	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,123,414	0	3,985,897	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	10,014,340	0	55,993,028	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	135,000	0	11,500	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	86,804	0	1,487	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	423,735	0	90.00	
90.02	09002 WOUND CLINIC	0.000000	9,487	0	1,811,516	0	90.02	
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.004458	2,385,554	10,635	4,698,248	20,945	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	598,417	0	3,168,964	0	92.00	
200.00	Total (lines 50 through 199)		42,566,195	10,635	135,959,688	20,945	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.209641	8,635,866	0	0	1,810,432	50.00
51.00	05100	RECOVERY ROOM	0.161291	1,611,745	0	0	259,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515717	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.018597	483,986	0	0	9,001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164626	9,668,995	0	0	1,591,768	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.386124	14,732,019	0	871	5,688,386	55.00
56.00	05600	RADIOISOTOPE	0.064395	4,343,181	0	0	279,679	56.00
56.01	05601	CARDIAC CATH LAB	0.129974	7,650,322	0	0	994,343	56.01
57.00	05700	CT SCAN	0.059417	5,955,712	0	0	353,871	57.00
58.00	05800	MRI	0.106006	1,776,822	0	0	188,354	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.250365	4,959,215	0	0	1,241,614	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.	0.013940	252,844	0	0	3,525	63.00
64.00	06400	INTRAVENOUS THERAPY	0.081395	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.421066	1,069,310	0	0	450,250	65.00
66.00	06600	PHYSICAL THERAPY	0.396160	92,581	0	0	36,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385024	60,677	0	0	23,362	67.00
68.00	06800	SPEECH PATHOLOGY	0.351945	10,945	0	0	3,852	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084341	809,318	0	0	68,259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420831	3,751,775	0	0	1,578,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421318	3,985,897	0	0	1,679,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206877	55,993,028	0	103,287	11,583,670	73.00
74.00	07400	RENAL DIALYSIS	0.674409	11,500	0	0	7,756	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION THERAPY	1.300763	1,487	0	0	1,934	76.00
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	0.253121	423,735	0	0	107,256	90.00
90.02	09002	WOUND CLINIC	0.327938	1,811,516	0	0	594,065	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.251429	4,698,248	0	209	1,181,276	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450744	3,168,964	0	0	1,428,392	92.00
200.00		Subtotal (see instructions)		135,959,688	0	104,367	31,165,875	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		135,959,688	0	104,367	31,165,875	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	336	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	21,368	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
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	53	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	21,757	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	21,757	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 11:10 am
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)		22,450	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,450	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)		17,232	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,930	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)		25,933,452	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)		25,933,452	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)		25,933,452	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)		1,155.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,694,939	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)		5,694,939	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 11:10 am
Title XVIII			Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	6,410,845	3,014	2,127.02	831	1,767,554
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,922,455
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,384,948
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					228,327
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					371,383
52.00 Total Program excludable cost (sum of lines 50 and 51)					599,710
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,785,238
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					5,218
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,155.16
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,027,625

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 11:10 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	725,446	25,933,452	0.027973	6,027,625	168,611	90.00
91.00	Nursing Program cost	0	25,933,452	0.000000	6,027,625	0	91.00
92.00	Allied health cost	0	25,933,452	0.000000	6,027,625	0	92.00
93.00	All other Medical Education	0	25,933,452	0.000000	6,027,625	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Title XVIII	Hospital	PPS	
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		11,646,965	30.00
31.00	03100	INTENSIVE CARE UNIT		3,426,628	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	0.209641	4,213,047	883,227 50.00
51.00	05100	RECOVERY ROOM	0.161291	597,150	96,315 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515717	645	333 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.058266	171,829	10,012 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165435	2,870,815	474,933 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.386124	216,664	83,659 55.00
56.00	05600	RADIOISOTOPE	0.064395	420,185	27,058 56.00
56.01	05601	CARDIAC CATH LAB	0.129974	3,783,353	491,738 56.01
57.00	05700	CT SCAN	0.059417	2,312,735	137,416 57.00
58.00	05800	MRI	0.106006	227,070	24,071 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.250365	4,492,746	1,124,826 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.	0.013940	506,692	7,063 63.00
64.00	06400	INTRAVENOUS THERAPY	0.081395	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.421066	1,750,786	737,196 65.00
66.00	06600	PHYSICAL THERAPY	0.396160	587,015	232,552 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385024	556,134	214,125 67.00
68.00	06800	SPEECH PATHOLOGY	0.351945	82,100	28,895 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084341	1,660,623	140,059 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.420831	3,763,590	1,583,835 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421318	1,123,414	473,315 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206877	10,014,340	2,071,737 73.00
74.00	07400	RENAL DIALYSIS	0.674409	135,000	91,045 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	NUTRITION THERAPY	1.300763	86,804	112,911 76.00
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	0.253121	0	0 90.00
90.02	09002	WOUND CLINIC	0.327938	9,487	3,111 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.252893	2,385,554	603,290 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450744	598,417	269,733 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		42,566,195	9,922,455 200.00
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)		42,566,195	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,835,661	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,368,690	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)		267,173	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		170,899	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)		94.70	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
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
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
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
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (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		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)		1.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.60	31.00
32.00	Sum of lines 30 and 31		22.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.68	33.00
34.00	Disproportionate share adjustment (see instructions)		215,124	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	0	35.00
35.01	Factor 3 (see instructions)	0.000184059	0.000288347	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,525,852	2,073,791	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,141,253	522,709	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,663,962		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)	13,521,509		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)		13,521,509	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		846,544	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		5,025	53.00
54.00	Special add-on payments for new technologies		248,552	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
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)		10,635	58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,632,265	59.00
60.00	Primary payer payments		11,368	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,620,897	61.00
62.00	Deductibles billed to program beneficiaries		1,215,512	62.00
63.00	Coinurance billed to program beneficiaries		27,454	63.00
64.00	Allowable bad debts (see instructions)		43,830	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		28,490	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,236	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,406,421	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
70.87	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)		-48,414	70.93
70.94	HRR adjustment amount (see instructions)		-1,034	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 11:10 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	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	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)			13,356,973	71.00
71.01	Sequestration adjustment (see instructions)			0	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			12,732,753	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			624,220	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			422,552	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 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 11:10 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,835,661	0	7,835,661		7,835,661	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,368,690	0		3,368,690	3,368,690	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	267,173	0	267,173		267,173	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	170,899	0		170,899	170,899	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	0.0768	0.0768	0.0768	0.0768		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	215,124	0	150,445	64,679	215,124	11.00
11.01	Uncompensated care payments	36.00	1,663,962	0	1,141,253	522,709	1,663,962	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	13,521,509	0	9,394,532	4,126,977	13,521,509	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	13,521,509	0	9,394,532	4,126,977	13,521,509	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	846,544	0	598,550	247,994	846,544	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 11:10 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	248,552	0	171,137	77,415	248,552	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	10,164,219	4,452,386	14,616,605	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	836,639	0	592,187	244,452	836,639	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	9,905	0	6,363	3,542	9,905	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	846,544	0	598,550	247,994	846,544	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 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 11:10 am

		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	7,835,661	7,835,661		7,835,661	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,368,690		3,368,690	3,368,690	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	267,173	267,173		267,173	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	170,899		170,899	170,899	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	0	0	0	0	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
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		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0768	0.0768	0.0768		
11.00	Disproportionate share adjustment (see instructions)	34.00	215,124	150,445	64,679	215,124	
11.01	Uncompensated care payments	36.00	1,663,962	1,141,253	522,709	1,663,962	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	13,521,509	9,394,532	4,126,977	13,521,509	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,521,509	9,394,532	4,126,977	13,521,509	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	846,544	598,550	247,994	846,544	
17.00	Special add-on payments for new technologies	54.00	248,552	171,137	77,415	248,552	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			10,164,219	4,452,386	14,616,605	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 11:10 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	836,639	592,187	244,452	836,639	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	9,905	6,363	3,542	9,905	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	846,544	598,550	247,994	846,544	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	-48,414	-48,414	0	-48,414	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	-1,034	0	-1,034	-1,034	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,757	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,144,930	2.00
3.00	OPPS payments		22,873,630	3.00
4.00	Outlier payment (see instructions)		504,253	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		20,945	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,757	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		104,367	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)		104,367	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)		104,367	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		82,610	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)		21,757	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)		23,398,828	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)		3,778,677	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)		19,641,908	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		19,641,908	30.00
31.00	Primary payer payments		1,920	31.00
32.00	Subtotal (line 30 minus line 31)		19,639,988	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)		165,257	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		107,417	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,688	36.00
37.00	Subtotal (see instructions)		19,747,405	37.00
38.00	MSP-LCC reconciliation amount from PS&R		105	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	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)		19,747,300	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		19,776,052	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-28,752	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		402,325	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 11:10 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,732,753		19,776,052	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,732,753		19,776,052	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		624,220		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		28,752	6.02	
7.00	Total Medicare program liability (see instructions)		13,356,973		19,747,300	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 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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

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 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/26/2022 11:10 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,776,143	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	110,031,400	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-76,017,375	0	0	0	6.00
7.00	Inventory	7,766,020	0	0	0	7.00
8.00	Prepaid expenses	8,222,112	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)	61,778,300	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,848,513	0	0	0	12.00
13.00	Land improvements	4,848,692	0	0	0	13.00
14.00	Accumulated depreciation	-2,264,799	0	0	0	14.00
15.00	Buildings	127,730,892	0	0	0	15.00
16.00	Accumulated depreciation	-49,083,746	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	20,926,011	0	0	0	19.00
20.00	Accumulated depreciation	-10,713,903	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	172,196,976	0	0	0	23.00
24.00	Accumulated depreciation	-86,712,596	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)	181,776,040	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	312,385,174	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	312,385,174	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	555,939,514	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,630,250	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,781,001	0	0	0	38.00
39.00	Payroll taxes payable	2,004,027	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,475,939	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	15,667,040	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,558,257	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	86,803,883	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,357,262	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	88,161,145	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,719,402	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	425,220,112				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)	425,220,112	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	555,939,514	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/26/2022 11:10 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		400,898,763		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,762,179				2.00
3.00	Total (sum of line 1 and line 2)		425,660,942		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)		425,660,942		0		11.00
12.00	PRIOR PERIOD CHANGE IN GENERAL FUND	2		0		0	12.00
13.00	EQUITY TRANSFER	440,828		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)		440,830		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		425,220,112		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 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	48,063,525		48,063,525	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)	48,063,525		48,063,525	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,832,986		12,832,986	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)	12,832,986		12,832,986	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,896,511		60,896,511	17.00
18.00	Ancillary services	143,815,328	485,843,512	629,658,840	18.00
19.00	Outpatient services	9,100,671	56,177,928	65,278,599	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		3,009,362	3,009,362	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	6,146,589	6,146,589	26.00
27.00	PROFESSIONAL REVENUE	960,770	20,512,565	21,473,335	27.00
27.01	NON REIMBURSABLE	0	182,077	182,077	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	214,773,280	571,872,033	786,645,313	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		268,351,284		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)		268,351,284		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/26/2022 11:10 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	786,645,313	1.00
2.00	Less contractual allowances and discounts on patients' accounts	535,076,454	2.00
3.00	Net patient revenues (line 1 minus line 2)	251,568,859	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	268,351,284	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,782,425	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	70,196	6.00
7.00	Income from investments	34,177,903	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	253,142	10.00
11.00	Rebates and refunds of expenses	2,022,011	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	224,313	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	1,545,931	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	3,251,108	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	41,544,604	25.00
26.00	Total (line 5 plus line 25)	24,762,179	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)	24,762,179	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026

Period: From 01/01/2021 To 12/31/2021

Worksheet H

HHA CCN: 15-7174

Date/Time Prepared: 5/26/2022 11:10 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		142	142	2.00
3.00	Plant Operation & Maintenance	0	0	18,372	87	18,459	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	815,411	0	80,832	109,197	1,142,949	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	768,630	0	0	0	768,630	6.00
7.00	Physical Therapy	333,307	0	0	0	333,307	7.00
8.00	Occupational Therapy	136,943	0	0	0	136,943	8.00
9.00	Speech Pathology	45,650	0	0	0	45,650	9.00
10.00	Medical Social Services	85,409	0	0	0	85,409	10.00
11.00	Home Health Aide	59,432	0	0	0	59,432	11.00
12.00	Supplies (see instructions)	0	0	0	30,960	30,960	12.00
13.00	Drugs	0	0	0	145	145	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)	2,244,782	0	80,832	127,569	168,843	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	142	0	142		2.00
3.00	Plant Operation & Maintenance	0	18,459	0	18,459		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	1,142,949	-9,631	1,133,318		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	768,630	0	768,630		6.00
7.00	Physical Therapy	0	333,307	0	333,307		7.00
8.00	Occupational Therapy	0	136,943	0	136,943		8.00
9.00	Speech Pathology	0	45,650	0	45,650		9.00
10.00	Medical Social Services	0	85,409	0	85,409		10.00
11.00	Home Health Aide	0	59,432	0	59,432		11.00
12.00	Supplies (see instructions)	-4,531	26,429	0	26,429		12.00
13.00	Drugs	-145	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)	-4,676	2,617,350	-9,631	2,607,719		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet H-1 Part I Date/Time Prepared: 5/26/2022 11:10 am
		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					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	142		142		0	2.00	
3.00	Plant Operation & Maintenance	18,459	0	0	18,459	0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	1,133,318	0	142	18,459	0	1,151,919	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	768,630	0	0	0	0	768,630	
7.00	Physical Therapy	333,307	0	0	0	0	333,307	
8.00	Occupational Therapy	136,943	0	0	0	0	136,943	
9.00	Speech Pathology	45,650	0	0	0	0	45,650	
10.00	Medical Social Services	85,409	0	0	0	0	85,409	
11.00	Home Health Aide	59,432	0	0	0	0	59,432	
12.00	Supplies (see instructions)	26,429	0	0	0	0	26,429	
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)	2,607,719	0	142	18,459	0	2,607,719	
		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	1,151,919					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	608,188	1,376,818				6.00
7.00	Physical Therapy	263,733	597,040				7.00
8.00	Occupational Therapy	108,358	245,301				8.00
9.00	Speech Pathology	36,121	81,771				9.00
10.00	Medical Social Services	67,581	152,990				10.00
11.00	Home Health Aide	47,026	106,458				11.00
12.00	Supplies (see instructions)	20,912	47,341				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	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,607,719				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

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

Period:
From 01/01/2021
To 12/31/2021

Worksheet H-1
Part II
Date/Time Prepared:
5/26/2022 11:10 am

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		31,537		0		2.00
3.00	Plant Operation & Maintenance	0	0	5,125	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	31,537	5,125	0	-1,151,919	1,455,800
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	768,630
7.00	Physical Therapy	0	0	0	0	0	333,307
8.00	Occupational Therapy	0	0	0	0	0	136,943
9.00	Speech Pathology	0	0	0	0	0	45,650
10.00	Medical Social Services	0	0	0	0	0	85,409
11.00	Home Health Aide	0	0	0	0	0	59,432
12.00	Supplies (see instructions)	0	0	0	0	0	26,429
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	31,537	5,125	0	-1,151,919	1,455,800
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	142	18,459	0		1,151,919
26.00	Unit Cost Multiplier	0.000000	0.004503	3.601756	0.000000		0.791262

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2021 To 12/31/2021

Worksheet H-2 Part I

HHA CCN: 15-7174

Date/Time Prepared: 5/26/2022 11:10 am

Home Health Agency I

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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				
1.00 Administrative and General	0	29,527	13,513	223,810	10,764	277,614	1.00	
2.00 Skilled Nursing Care	1,376,818	0	0	210,970	0	1,587,788	2.00	
3.00 Physical Therapy	597,040	0	0	91,485	0	688,525	3.00	
4.00 Occupational Therapy	245,301	0	0	37,588	0	282,889	4.00	
5.00 Speech Pathology	81,771	0	0	12,530	0	94,301	5.00	
6.00 Medical Social Services	152,990	0	0	23,443	0	176,433	6.00	
7.00 Home Health Aide	106,458	0	0	16,313	0	122,771	7.00	
8.00 Supplies (see instructions)	47,341	0	0	0	0	47,341	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)	2,607,719	29,527	13,513	616,139	10,764	3,277,662	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	37,729	0	80,637	0	33,186	0	1.00	
2.00 Skilled Nursing Care	215,791	0	0	0	0	0	2.00	
3.00 Physical Therapy	93,575	0	0	0	0	0	3.00	
4.00 Occupational Therapy	38,446	0	0	0	0	0	4.00	
5.00 Speech Pathology	12,816	0	0	0	0	0	5.00	
6.00 Medical Social Services	23,978	0	0	0	0	0	6.00	
7.00 Home Health Aide	16,685	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	6,434	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)	445,454	0	80,637	0	33,186	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 01/01/2021 To 12/31/2021	Worksheet H-2 Part I Date/Time Prepared: 5/26/2022 11:10 am
		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	7,631	0	0	5,198	0	16,907	1.00
2.00	Skilled Nursing Care	11,761	0	0	0	0	0	2.00
3.00	Physical Therapy	4,448	0	0	0	0	0	3.00
4.00	Occupational Therapy	2,082	0	0	0	0	0	4.00
5.00	Speech Pathology	243	0	0	0	0	0	5.00
6.00	Medical Social Services	1,348	0	0	0	0	0	6.00
7.00	Home Health Aide	199	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)	27,712	0	0	5,198	0	16,907	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2021

Part I
Date/Time Prepared:
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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	458,902	0	458,902				1.00
2.00 Skilled Nursing Care	1,815,340	0	1,815,340	243,029	2,058,369		2.00
3.00 Physical Therapy	786,548	0	786,548	105,298	891,846		3.00
4.00 Occupational Therapy	323,417	0	323,417	43,297	366,714		4.00
5.00 Speech Pathology	107,360	0	107,360	14,373	121,733		5.00
6.00 Medical Social Services	201,759	0	201,759	27,010	228,769		6.00
7.00 Home Health Aide	139,655	0	139,655	18,696	158,351		7.00
8.00 Supplies (see instructions)	53,775	0	53,775	7,199	60,974		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)	3,886,756	0	3,886,756	458,902	3,886,756		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.				0.133874			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/26/2022 11:10 am
			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						4.00
1.00	Administrative and General	5,125	19,256	815,410	3,009,362	0	277,614	1.00
2.00	Skilled Nursing Care	0	0	768,630	0	0	1,587,788	2.00
3.00	Physical Therapy	0	0	333,307	0	0	688,525	3.00
4.00	Occupational Therapy	0	0	136,943	0	0	282,889	4.00
5.00	Speech Pathology	0	0	45,650	0	0	94,301	5.00
6.00	Medical Social Services	0	0	85,409	0	0	176,433	6.00
7.00	Home Health Aide	0	0	59,432	0	0	122,771	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	47,341	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,125	19,256	2,244,781	3,009,362	0	3,277,662	20.00
21.00	Total cost to be allocated	29,527	13,513	616,139	10,764	0	445,454	21.00
22.00	Unit cost multiplier	5.761366	0.701755	0.274476	0.003577	0	0.135906	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00	Administrative and General	0	5,125	0	5,125	0	18,565	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	28,611	2.00
3.00	Physical Therapy	0	0	0	0	0	10,821	3.00
4.00	Occupational Therapy	0	0	0	0	0	5,064	4.00
5.00	Speech Pathology	0	0	0	0	0	591	5.00
6.00	Medical Social Services	0	0	0	0	0	3,280	6.00
7.00	Home Health Aide	0	0	0	0	0	485	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	5,125	0	5,125	0	67,417	20.00
21.00	Total cost to be allocated	0	80,637	0	33,186	0	27,712	21.00
22.00	Unit cost multiplier	0.000000	15.734049	0.000000	6.475317	0.000000	0.411054	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2021 To 12/31/2021

Worksheet H-2 Part II Date/Time Prepared: 5/26/2022 11:10 am

HHA CCN: 15-7174

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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	83,566	0	3,009,362	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	83,566	0	3,009,362	0	20.00
21.00 Total cost to be allocated	0	0	5,198	0	16,907	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.062202	0.000000	0.005618	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	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/26/2022 11:10 am		
				HHA CCN: 15-7174	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,058,369		2,058,369	6,952	296.08	1.00
2.00	Physical Therapy	3.00	891,846	0	891,846	3,204	278.35	2.00
3.00	Occupational Therapy	4.00	366,714	0	366,714	1,680	218.28	3.00
4.00	Speech Pathology	5.00	121,733	0	121,733	159	765.62	4.00
5.00	Medical Social Services	6.00	228,769		228,769	266	860.03	5.00
6.00	Home Health Aide	7.00	158,351		158,351	540	293.24	6.00
7.00	Total (sum of lines 1-6)		3,825,782	0	3,825,782	12,801		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		21140	0	2,068			8.00
8.01	Skilled Nursing Care		43780	0	7			8.01
8.02	Skilled Nursing Care		99915	0	299			8.02
9.00	Physical Therapy		21140	0	909			9.00
9.01	Physical Therapy		43780	0	0			9.01
9.02	Physical Therapy		99915	0	243			9.02
10.00	Occupational Therapy		21140	0	481			10.00
10.01	Occupational Therapy		43780	0	0			10.01
10.02	Occupational Therapy		99915	0	163			10.02
11.00	Speech Pathology		21140	0	57			11.00
11.01	Speech Pathology		43780	0	0			11.01
11.02	Speech Pathology		99915	0	8			11.02
12.00	Medical Social Services		21140	0	62			12.00
12.01	Medical Social Services		43780	0	0			12.01
12.02	Medical Social Services		99915	0	35			12.02
13.00	Home Health Aide		21140	0	253			13.00
13.01	Home Health Aide		43780	0	0			13.01
13.02	Home Health Aide		99915	0	75			13.02
14.00	Total (sum of lines 8-13)			0	4,660			14.00
Cost Center Description								
From Wkst. H-2	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	60,974	0	60,974	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A							
	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	2,374		0	702,894		1.00
2.00	Physical Therapy	0	1,152		0	320,659		2.00
3.00	Occupational Therapy	0	644		0	140,572		3.00
4.00	Speech Pathology	0	65		0	49,765		4.00
5.00	Medical Social Services	0	97		0	83,423		5.00
6.00	Home Health Aide	0	328		0	96,183		6.00
7.00	Total (sum of lines 1-6)	0	4,660		0	1,393,496		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2021

Part I
Date/Time Prepared:
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
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	210,984	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	702,894						1.00
2.00	Physical Therapy	320,659						2.00
3.00	Occupational Therapy	140,572						3.00
4.00	Speech Pathology	49,765						4.00
5.00	Medical Social Services	83,423						5.00
6.00	Home Health Aide	96,183						6.00
7.00	Total (sum of lines 1-6)	1,393,496						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
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 01/01/2021
To 12/31/2021

Worksheet H-3
Part II
Date/Time Prepared:
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.396160	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.385024	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.351945	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.420831	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.206877	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-11 Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	907,192
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	131,675
13.00	Total PPS Reimbursement - LUPA Episodes		0	19,171
14.00	Total PPS Reimbursement - PEP Episodes		0	6,249
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	43,522
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	512
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	1,108,321
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,108,321
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,108,321
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,108,321
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	1,108,321
31.01	Sequestration adjustment (see instructions)		0	3
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	1,108,318
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

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

Period:
From 01/01/2021
To 12/31/2021

Worksheet H-5
Date/Time Prepared:
5/26/2022 11:10 am
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		1,108,318	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		1,108,318	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,108,318	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 01/01/2021

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		130	130	0	130
3.00	EMPLOYEE BENEFITS DEPARTMENT*	235,946	0	235,946	0	235,946
4.00	ADMINISTRATIVE & GENERAL*	0	4,732	4,732	0	4,732
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	890	890	0	890
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	69,252	69,252	-255	68,997
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	38,281	38,281	0	38,281
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	188,968	188,968	-188,968	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	347,496	347,496	0	347,496
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**	528,880	518,515	1,047,395	0	1,047,395
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**	300,853	0	300,853	0	300,853
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	115,027	115,027	-115,027	0
39.00	PATIENT TRANSPORTATION**	0	8,706	8,706	0	8,706
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	1,065,679	1,291,997	2,357,676	-304,250	2,053,426

* 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 HOSPI CE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	130	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	235,946	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	4,732	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	890	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	68,997	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	38,281	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	347,496	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	1,047,395	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	HOSPI CE AIDE & HOME MAKER SERVICES**	0	300,853	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	8,706	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	HOSPI CE/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	2,053,426	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-2 Date/Time Prepared: 5/26/2022 11:10 am
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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	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						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	524,958	514,670	1,039,628	0	1,039,628	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	298,623	0	298,623	0	298,623	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	114,174	114,174	-114,174	0	38.00
39.00	PATIENT TRANSPORTATION	0	8,641	8,641	0	8,641	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 *	823,581	637,485	1,461,066	-114,174	1,346,892	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,039,628	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	298,623	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	8,641	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,346,892	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 01/01/2021

Worksheet 0-3

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	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
26.00	PHYSICIAN SERVICES	0	0	0	0	0
27.00	NURSE PRACTITIONER	0	0	0	0	0
28.00	REGISTERED NURSE	845	828	1,673	0	1,673
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	480	0	480	0	480
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	184	184	-184	0
39.00	PATIENT TRANSPORTATION	0	14	14	0	14
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
100.00	TOTAL *	1,325	1,026	2,351	-184	2,167

* 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
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	1,673
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	480
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	14
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	2,167

* 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 01/01/2021 To 12/31/2021	Worksheet 0-4 Date/Time Prepared: 5/26/2022 11:10 am
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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	3,077	3,017	6,094	0	6,094	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,750	0	1,750	0	1,750	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	669	669	-669	0	38.00
39.00	PATIENT TRANSPORTATION	0	51	51	0	51	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 *	4,827	3,737	8,564	-669	7,895	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	6,094	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,750	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	51	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	7,895	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 01/01/2021

Worksheet 0-5

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

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	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	130	0	130	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	235,946	292,504	528,450	3.00
4.00 ADMINISTRATIVE & GENERAL	4,732	355,876	360,608	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	890	0	890	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	68,997	37,089	106,086	10.00
11.00 MEDICAL RECORDS	0	34,532	34,532	11.00
12.00 STAFF TRANSPORTATION	38,281	0	38,281	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	347,496	0	347,496	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	1,346,892	0	1,346,892	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,167	0	2,167	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	7,895	0	7,895	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THIRFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	2,053,426	720,001	2,773,427	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2021

Part I
Date/Time Prepared:
5/26/2022 11:10 am

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 & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	130		130		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	528,450	0	0	528,450	3.00
4.00	ADMINISTRATIVE & GENERAL	360,608	0	130	528,450	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	890	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	106,086	0	0	0	10.00
11.00	MEDICAL RECORDS	34,532	0	0	0	11.00
12.00	STAFF TRANSPORTATION	38,281	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	347,496	0	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	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,346,892			0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	2,167	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7,895	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	2,773,427	0	130	528,450	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2021

Part I
Date/Time Prepared:
5/26/2022 11:10 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	889,188					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	420	0		0	1,310	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	50,063	0		0		10.00
11.00 MEDICAL RECORDS	16,296	0		0		11.00
12.00 STAFF TRANSPORTATION	18,065	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	163,986	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	635,609					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	1,023	0	0	0	282	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	3,726	0	0	0	1,028	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 THIRFT 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	889,188	0	0	0	1,310	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2021

Part I
Date/Time Prepared:
5/26/2022 11:10 am

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						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	156,149			10.00
11.00	MEDICAL RECORDS	0		50,828		11.00
12.00	STAFF TRANSPORTATION	0			56,346	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	154,992	50,451	56,346	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	249	81	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	908	296	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	156,149	50,828	56,346	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2021

Part I
Date/Time Prepared:
5/26/2022 11:10 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	0				15.00
16.00	0		511,482			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		2,244,290	51.00
52.00	0	0	511,482	0	515,284	52.00
53.00	0	0	0	0	13,853	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	511,482	0	2,773,427	100.00

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

Provider CCN: 15-0026

Hospice CCN: 15-1527

Period:
From 01/01/2021
To 12/31/2021

Worksheet 0-6
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	RECONCILIATION	ADMINISTRATIVE & GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		130				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	235,946			3.00
4.00	ADMINISTRATIVE & GENERAL	0	130	235,946	-889,188	1,884,239	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	890	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	106,086	10.00
11.00	MEDICAL RECORDS	0	0	0	0	34,532	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	38,281	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	347,496	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	1,346,892	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	2,167	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	7,895	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)	0	130	528,450		889,188	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.000000	2.239707		0.471908	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 01/01/2021
To 12/31/2021

Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	195		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	42	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	153	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						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)				1,310		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	6.717949	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 01/01/2021
To 12/31/2021

Part II
Date/Time Prepared:
5/26/2022 11:10 am

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	26,298					10.00
11.00	MEDICAL RECORDS		26,298				11.00
12.00	STAFF TRANSPORTATION			187,675			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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	26,103	26,103	187,675	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	42	42	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	153	153	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)	156,149	50,828	56,346	0	0	100.00
101.00	UNIT COST MULTIPLIER	5.937676	1.932771	0.300232	0.000000	0.000000	101.00

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

Provider CCN: 15-0026

Hospice CCN: 15-1527

Period:
From 01/01/2021
To 12/31/2021

Worksheet 0-6
Part II
Date/Time Prepared:
5/26/2022 11:10 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		405,595			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	405,595	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	511,482	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.261066	0.000000		101.00

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

Provider CCN: 15-0026

Period: From 01/01/2021

Worksheet 0-7

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.396160	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.385024	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.351945	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.206877	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.250365	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	0.420831	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.386124	0	0	0	9.00
10.00	NUTRITION THERAPY	76.00	1.300763	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 01/01/2021

Worksheet 0-8

Hospice CCN: 15-1527

To 12/31/2021

Date/Time Prepared: 5/26/2022 11:10 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	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)			2,244,290	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			26,103	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			85.98	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	18,645	0		9.00
10.00	Program cost (line 8 times line 9)	1,603,097	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)			515,284	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			42	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			12,268.67	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	39	0		14.00
15.00	Program cost (line 13 times line 14)	478,478	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)			13,853	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			153	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			90.54	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	116	0		19.00
20.00	Program cost (line 18 times line 19)	10,503	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,773,427	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			26,298	22.00
23.00	Average cost per diem (line 21 divided by line 22)			105.46	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0026	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 11:10 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		836,639	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,905	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)		56.52	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)		846,544	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