

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 1:47 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/25/2023	Time: 1:47 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SCHNECK MEDICAL CENTER ( 15-0065 ) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<b>Debbie Mann</b>	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	Debbie Mann		2
3	Signatory Title	VICE PRESIDENT OF FINANCE/CFO		3
4	Date	(Dated when report is electronic)		4

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	HOSPITAL	0	800,903	74,410	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC (RHC) I	0	0	32,265	0	0 10.00
10.01	RURAL HEALTH CLINIC (RHC) II	0	0	22,404	0	0 10.01
10.02	RURAL HEALTH CLINIC (RHC) III	0	0	146	0	0 10.02
10.03	RURAL HEALTH CLINIC (RHC) IV	0	0	201	0	0 10.03
10.04	RURAL HEALTH CLINIC (RHC) V	0	0	28,033	0	0 10.04
200.00	TOTAL	0	800,903	157,459	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:47 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 411 WEST TIPTON STREET			PO Box:						1.00	
2.00	City: SEYMOUR			State: IN		Zip Code: 47274-		County: JACKSON		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		SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	0	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		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF		SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		0	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		JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	0	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital-Based Health Clinic - RHC		JACKSON PARK	158564	99915		04/06/2022	N	0	0	15.00
15.01	Hospital-Based Health Clinic - RHC II		BROWNSTOWN	158565	99915		04/21/2022	N	0	0	15.01
15.02	Hospital-Based Health Clinic - RHC III		SCHNECK OBGYN	158566	99915		04/22/2022	N	0	0	15.02
15.03	Hospital-Based Health Clinic - RHC IV		SCHNECK URGENT CARE	158568	99915		05/11/2022	N	0	0	15.03
15.04	Hospital-Based Health Clinic - RHC V		SCHNECK PMC-IM-PED	158569	99915		05/06/2022	N	0	0	15.04
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2022	12/31/2022		20.00	
21.00	Type of Control (see instructions)						8			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03	
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)										
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:47 pm
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		1.00	2.00	3.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

		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.	2,160	358	0	27	910	103	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural	S	Date of Geogr	
		1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0		35.00

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

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

		V	XVIII	XIX	
		1.00	2.00	3.00	

Prospective Payment System (PPS)-Capital					
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
Teaching Hospitals					
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00

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		V	XVIII	XIX	
		1.00	2.00	3.00	
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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

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					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
						1.00	
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)							
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					N	68.00
						1.00	
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
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
				1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.					0	88.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:47 pm
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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00			89.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:47 pm
		1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.			113.00
<b>Miscellaneous Cost Reporting Information</b>				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital 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.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,424,809	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
<b>Certified Transplant Center Information</b>				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00



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		1.00	2.00				
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	Removed and reserved						133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N				140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:		Zip Code:			142.00
143.00	City:	State:					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							166.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99
							169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 1:47 pm
			Beginning 1.00	Ending 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: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 1:47 pm	
		Y/N	Date				
		1.00	2.00				
<b>PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE</b>							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
<b>COMPLETED BY ALL HOSPITALS</b>							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
<b>Financial Data and Reports</b>							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
<b>Bad Debts</b>							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
<b>Bed Complement</b>							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2023	Y	04/03/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 1:47 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-992-3500		LGERBER@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0065

Period:  
From 01/01/2022  
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Worksheet S-2  
Part II  
Date/Time Prepared:  
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Component	Worksheet A Line No.	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	42	15,330	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)		42	15,330	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		60	21,900	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	2	730			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC (RHC)	88.00				0	26.00
26.01	RURAL HEALTH CLINIC (RHC)	88.01				0	26.01
26.02	RURAL HEALTH CLINIC (RHC)	88.02				0	26.02
26.03	RURAL HEALTH CLINIC (RHC)	88.03				0	26.03
26.04	RURAL HEALTH CLINIC (RHC)	88.04				0	26.04
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		62				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-3  
Part I  
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
<b>PART I - STATISTICAL DATA</b>						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,574	1,700	5,875		1.00
2.00	HMO and other (see instructions)	1,737	243			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	21	0	53		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,595	1,700	5,928		7.00
8.00	INTENSIVE CARE UNIT	494	253	2,453		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		1,259	1,955		13.00
14.00	Total (see instructions)	2,089	3,212	10,336	0.00	801.11
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	3,404	0	8,345	0.00	16.14
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	110	0	142	0.00	11.21
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC (RHC)	1,923	1,109	10,614	0.00	18.69
26.01	RURAL HEALTH CLINIC (RHC)	630	177	3,043	0.00	3.30
26.02	RURAL HEALTH CLINIC (RHC)	190	1,057	2,975	0.00	11.91
26.03	RURAL HEALTH CLINIC (RHC)	306	334	6,264	0.00	5.58
26.04	RURAL HEALTH CLINIC (RHC)	1,592	870	12,779	0.00	17.93
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	885.87
28.00	Observation Bed Days		376	1,918		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	103	187		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0065

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
<b>PART I - STATISTICAL DATA</b>							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	410	473	2,064	1.00
2.00	HMO and other (see instructions)			311	59		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	410	473	2,064	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC (RHC)	0.00					26.00
26.01	RURAL HEALTH CLINIC (RHC)	0.00					26.01
26.02	RURAL HEALTH CLINIC (RHC)	0.00					26.02
26.03	RURAL HEALTH CLINIC (RHC)	0.00					26.03
26.04	RURAL HEALTH CLINIC (RHC)	0.00					26.04
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2023 1:47 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	75,963,243	0	75,963,243	1,842,616.57	41.23
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		618,519	0	618,519	6,418.00	96.37
4.00	Physician-Part A - Administrative		241,885	0	241,885	1,386.97	174.40
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		14,707,462	0	14,707,462	91,061.00	161.51
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		760,348	0	760,348	12,666.00	60.03
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)		16,193,719	-2,965,448	13,228,271	288,649.14	45.83
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		11,671,044	0	11,671,044	87,012.61	134.13
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		366,233	0	366,233	2,115.00	173.16
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		15,836,197	0	15,836,197		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,586,745	0	3,586,745		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		114,128	0	114,128		
22.00	Physician Part A - Administrative		36,132	0	36,132		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,247,905	0	2,247,905		
24.00	Wage-related costs (RHC/FQHC)		176,451	0	176,451		
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: 15-0065

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	746,346	0	746,346	16,094.18	46.37	26.00
27.00	Administrative & General	5.00	7,608,828	0	7,608,828	236,306.17	32.20	27.00
28.00	Administrative & General under contract (see inst.)		808,204	0	808,204	2,915.98	277.16	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,352,133	0	1,352,133	44,881.95	30.13	30.00
31.00	Laundry & Linen Service	8.00	44,129	0	44,129	2,855.20	15.46	31.00
32.00	Housekeeping	9.00	982,557	0	982,557	60,727.01	16.18	32.00
33.00	Housekeeping under contract (see instructions)		287,917	0	287,917	13,806.00	20.85	33.00
34.00	Dietary	10.00	613,538	-375,612	237,926	14,240.68	16.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	375,612	375,612	21,015.00	17.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,792,183	-186	2,791,997	66,641.12	41.90	38.00
39.00	Central Services and Supply	14.00	999,153	0	999,153	40,361.22	24.76	39.00
40.00	Pharmacy	15.00	1,641,716	0	1,641,716	37,829.82	43.40	40.00
41.00	Medical Records & Medical Records Library	16.00	991,827	0	991,827	42,593.25	23.29	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	897,162	0	897,162	21,401.34	41.92	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0065

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2023 1:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	60,973,035	0	60,973,035	1,749,193.55	34.86	1.00
2.00	Excluded area salaries (see instructions)	16,193,719	-2,965,448	13,228,271	288,649.14	45.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,779,316	2,965,448	47,744,764	1,460,544.41	32.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,037,277	0	12,037,277	89,127.61	135.06	4.00
5.00	Subtotal wage-related costs (see inst.)	15,872,329	0	15,872,329	0.00	33.24	5.00
6.00	Total (sum of lines 3 thru 5)	72,688,922	2,965,448	75,654,370	1,549,672.02	48.82	6.00
7.00	Total overhead cost (see instructions)	19,765,693	-186	19,765,507	621,668.92	31.79	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0065

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,894,403	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	13,759,016	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	39,803	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)	382,053	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	11,510	14.00
15.00	'Workers' Compensation Insurance	39,920	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,682,604	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	188,249	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,997,558	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 1:47 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	11,671,044	21,997,558	1.00
2.00	Hospital	11,671,044	21,997,558	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
15.00	Hospital-Based Health Clinic FOHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-7155	Period: From 01/01/2022 To 12/31/2022	Worksheet S-4 Date/Time Prepared: 5/25/2023 1:47 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	JACKSON				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	877	0	1,203	2,080	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	290.00	0.00	538.00	828.00	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)			1.04	0.00	1.04	4.00
5.00	Other Administrative Personnel			0.05	0.00	0.05	5.00
6.00	Direct Nursing Service			7.13	0.00	7.13	6.00
7.00	Nursing Supervisor			1.04	0.00	1.04	7.00
8.00	Physical Therapy Service			4.56	0.00	4.56	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.32	0.00	2.32	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	0.13	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.00	0.00	1.00	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).	18020					20.00
20.01		31140					20.01
20.02		99915					20.02

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col.s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,209	71	77	18	1,375	21.00
22.00	Skilled Nursing Visit Charges	344,355	20,235	21,945	5,130	391,665	22.00
23.00	Physical Therapy Visits	1,083	33	44	11	1,171	23.00
24.00	Physical Therapy Visit Charges	360,639	10,989	14,652	3,663	389,943	24.00
25.00	Occupational Therapy Visits	564	30	17	6	617	25.00
26.00	Occupational Therapy Visit Charges	187,856	9,990	5,661	1,998	205,505	26.00
27.00	Speech Pathology Visits	18	11	0	0	29	27.00
28.00	Speech Pathology Visit Charges	5,994	3,663	0	0	9,657	28.00
29.00	Medical Social Service Visits	2	0	0	0	2	29.00
30.00	Medical Social Service Visit Charges	820	0	0	0	820	30.00
31.00	Home Health Aide Visits	200	10	0	0	210	31.00
32.00	Home Health Aide Visit Charges	31,400	1,570	0	0	32,970	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,076	155	138	35	3,404	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)	931,064	46,447	42,258	10,791	1,030,560	35.00
36.00	Total Number of Episodes (standard/non outlier)	409		68	4	481	36.00
37.00	Total Number of Outlier Episodes		9		2	11	37.00
38.00	Total Non-Routine Medical Supply Charges	13,891	585	1,902	196	16,574	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8564		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC I		Cost			
				1.00			
1.00	1124 MEDICAL PLACE	City		State	ZIP Code	1.00	
2.00	SEYMOUR	City, State, ZIP Code, County		IN	47274	2.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		Grant Award		Date	0 3.00	
4.00	Source of Federal Funds		1.00		2.00		
5.00	Community Health Center (Section 330(d), PHS Act)					4.00	
6.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
7.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
8.00	Appalachian Regional Commission					7.00	
9.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N			0 10.00	
		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
11.00	CLINIC	07:30		17:00		07:30 11.00	
12.00	Have you received an approval for an exception to the productivity standard?		N			0 12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N			0 13.00	
		Provider name		CCN			
		1.00		2.00			
14.00	RHC/FQHC name, CCN	Y/N	V	XVIII	XIX	Total Visits	14.00
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)						15.00
		County		4.00			
2.00	JACKSON	City, State, ZIP Code, County		Tuesday		Wednesday	
		Thursday		from		to	
		6.00		7.00		8.00	
		9.00		10.00			
11.00	CLINIC	17:00	07:30	17:00	07:30	17:00	11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8564		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	07:30	17:00				11.00



HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8565		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC II		Cost			
				1.00			
1.00	Clinic Address and Identification Street	806 W. COMMERCE STREET				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	BROWNSTOWN		IN		47220	
						1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0	
		Grant Award		Date			
		1.00		2.00			
4.00		Source of Federal Funds				4.00	
5.00		Community Health Center (Section 330(d), PHS Act)				5.00	
6.00		Migrant Health Center (Section 329(d), PHS Act)				6.00	
7.00		Health Services for the Homeless (Section 340(d), PHS Act)				7.00	
8.00		Appalachian Regional Commission				8.00	
9.00		Look-Alikes				8.00	
		OTHER (SPECIFY)				9.00	
						1.00	
						2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N				0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00		17:00		08:00	
						1.00	
						2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		0	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					0	
		Provider name		CCN			
		1.00		2.00			
14.00	RHC/FQHC name, CCN					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00	
				XVIII		XIX	
				3.00		4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County					
		4.00					
2.00	City, State, ZIP Code, County	JACKSON				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	17:00		08:00		17:00	
						08:00	
						17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8565		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
				RHC II		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	17:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8566		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC III		Cost			
				1.00			
1.00	Clinic Address and Identification Street	411 W. TIPTON STREET				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	SEYMOUR		IN		47274	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N				0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00		17:00		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		0	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					0	
		Provider name		CCN			
		1.00		2.00			
14.00	RHC/FQHC name, CCN					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	JACKSON				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	17:00		08:00		17:00	
		08:00		17:00		08:00	
				17:00		17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8566		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
				RHC III		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	12:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8568		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC IV		Cost			
				1.00			
1.00	Clinic Address and Identification Street	1130 MEDICAL PALACE				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	SEYMOUR IN		47274		2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00 17:00		08:00 20:00		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			0		13.00	
		Provider name		CCN			
		1.00		2.00			
14.00	RHC/FQHC name, CCN					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	JACKSON				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	20:00 08:00		20:00 08:00		20:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8568		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
				RHC IV		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	20:00	08:00	17:00		11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 15-0065 Component CCN: 15-8569		Period: From 01/01/2022 To 12/31/2022		Worksheet S-8 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC V		Cost			
				1.00			
1.00	Clinic Address and Identification Street	411 W TIPTON				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	SEYMOUR		IN		47274	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	07:30		17:00		07:30	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			0		13.00	
		Provider name		CCN			
		1.00		2.00			
14.00	RHC/FQHC name, CCN					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	JACKSON				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	17:00		07:30		17:00	
		07:30		17:00		07:30	
		17:00		07:30		17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 15-0065  
Component CCN: 15-8569

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

Worksheet S-8  
Date/Time Prepared:  
5/25/2023 1:47 pm

		RHC V		Cost		
		Friday		Saturday		
		from	to	from	to	
		11.00	12.00	13.00	14.00	
11.00	Facility hours of operations (1) CLINIC	07:30	17:00			11.00



HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2022 To 12/31/2022	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/25/2023 1:47 pm
		Hospice I		

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,869	144	313	11,326	11.00
12.00	Hospice Inpatient Respite Care	83	0	2	85	12.00
13.00	Hospice General Inpatient Care	42	16	4	62	13.00
14.00	Total Hospice Days	10,994	160	319	11,473	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 1:47 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.304532		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		23,464,664		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		89,651,248		6.00	
7.00	Medicaid cost (line 1 times line 6)		27,301,674		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)		3,837,010		8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
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)		3,837,010		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,517,357	182,867	2,700,224	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	766,616	182,867	949,483	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)	766,616	182,867	949,483	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)		6,061,855		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		128,622		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		197,881		27.01	
28.00	Non-Medicare bad debt expense (see instructions)		5,863,974		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,855,027		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,804,510		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,641,520		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		12,378,512	12,378,512	-4,373,989	8,004,523	1.00
2.00	00200		0	0	5,064,334	5,064,334	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	746,346	22,474,499	23,220,845	0	23,220,845	4.00
5.00	00500	7,608,828	15,219,023	22,827,851	-250,184	22,577,667	5.00
7.00	00700	1,352,133	3,475,816	4,827,949	0	4,827,949	7.00
8.00	00800	44,129	337,336	381,465	0	381,465	8.00
9.00	00900	982,557	526,478	1,509,035	0	1,509,035	9.00
10.00	01000	613,538	463,750	1,077,288	-659,523	417,765	10.00
11.00	01100	0	0	0	659,523	659,523	11.00
13.00	01300	2,792,183	724,733	3,516,916	-22,465	3,494,451	13.00
14.00	01400	999,153	8,123,245	9,122,398	-7,717,971	1,404,427	14.00
15.00	01500	1,641,716	13,264,964	14,906,680	-11,028,098	3,878,582	15.00
16.00	01600	991,827	327,800	1,319,627	0	1,319,627	16.00
18.00	01850	897,162	235,399	1,132,561	-528	1,132,033	18.00
19.00	01900	0	0	0	618,519	618,519	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,543,386	4,657,678	11,201,064	-3,494,106	7,706,958	30.00
31.00	03100	1,744,208	2,747,713	4,491,921	0	4,491,921	31.00
43.00	04300	0	0	0	1,539,753	1,539,753	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,958,695	4,519,202	8,477,897	-24,922	8,452,975	50.00
51.00	05100	616,161	132,130	748,291	0	748,291	51.00
52.00	05200	0	0	0	1,285,639	1,285,639	52.00
53.00	05300	4,330,865	90,535	4,421,400	-618,519	3,802,881	53.00
54.00	05400	1,415,574	684,324	2,099,898	-104,081	1,995,817	54.00
54.01	03630	461,907	92,322	554,229	24,892	579,121	54.01
54.02	03450	0	128,904	128,904	-61,381	67,523	54.02
57.00	05700	311,944	767,729	1,079,673	-60,502	1,019,171	57.00
58.00	05800	186,314	120,985	307,299	-14,544	292,755	58.00
60.00	06000	1,515,169	4,493,697	6,008,866	0	6,008,866	60.00
63.00	06300	0	305,167	305,167	0	305,167	63.00
64.00	06400	320,884	124,184	445,068	0	445,068	64.00
65.00	06500	1,096,022	1,383,409	2,479,431	-274,811	2,204,620	65.00
66.00	06600	1,389,276	13,639	1,402,915	0	1,402,915	66.00
67.00	06700	461,778	31,499	493,277	0	493,277	67.00
68.00	06800	299,323	4,148	303,471	0	303,471	68.00
69.00	06900	95,339	119,698	215,037	-61,100	153,937	69.00
71.00	07100	0	0	0	3,114,723	3,114,723	71.00
72.00	07200	0	0	0	4,813,037	4,813,037	72.00
73.00	07300	0	0	0	11,570,787	11,570,787	73.00
76.00	03952	398,806	60,263	459,069	-2,145	456,924	76.00
76.01	03953	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
76.03	03950	1,551,092	184,573	1,735,665	-50,401	1,685,264	76.03
76.04	03610	140,637	243,653	384,290	61,137	445,427	76.04
76.05	03480	1,974,281	899,322	2,873,603	0	2,873,603	76.05
76.97	07697	186,829	37,410	224,239	0	224,239	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	1,787,791	1,787,791	88.00
88.01	08801	0	0	0	344,220	344,220	88.01
88.02	08802	0	0	0	1,813,013	1,813,013	88.02
88.03	08803	0	0	0	412,649	412,649	88.03
88.04	08804	0	0	0	1,819,063	1,819,063	88.04
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	400,207	85,190	485,397	0	485,397	90.02
90.03	09003	2,395,337	209,977	2,605,314	-1,823,169	782,145	90.03
90.04	09004	955,622	288	955,910	0	955,910	90.04
90.05	09005	2,619,118	98,201	2,717,319	-205	2,717,114	90.05
91.00	09100	5,055,955	3,575,597	8,631,552	-412,649	8,218,903	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04952	675,223	2,860	678,083	0	678,083	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	1,540,835	127,061	1,667,896	-167,483	1,500,413	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	440,161	440,161	-440,161	0	113.00
116.00	11600	787,080	159,547	946,627	167,669	1,114,296	116.00
118.00		62,097,439	104,092,621	166,190,060	3,433,812	169,623,872	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	4,623,538	1,335,146	5,958,684	0	5,958,684	192.00
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	750,984	750,984	0	750,984	194.01
194.02 07952 EXTERNAL SVCS MARKETING	227,633	690,651	918,284	0	918,284	194.02
194.03 07953 WASHINGTON CLINIC	219,466	595,683	815,149	0	815,149	194.03
194.04 07954 PHYSICIAN OFFICES	1,397,222	207,457	1,604,679	0	1,604,679	194.04
194.05 07955 INTEGRATED MEDICINE	519,913	165,116	685,029	0	685,029	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07 07957 PRIMARY CARE	2,453,261	456,274	2,909,535	-2,132,011	777,524	194.07
194.08 07958 EMPLOYER CLINIC	721,559	84,549	806,108	0	806,108	194.08
194.09 07959 UROLOGY PROF	1,280,221	1,191,957	2,472,178	0	2,472,178	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	1,012	1,012	0	1,012	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	1,775,738	204,085	1,979,823	-1,301,801	678,022	194.12
194.13 07963 PULMONARY PROFESSIONAL	647,253	57,245	704,498	0	704,498	194.13
200.00   TOTAL (SUM OF LINES 118 through 199)	75,963,243	109,832,780	185,796,023	0	185,796,023	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-531,172	7,473,351	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	5,064,334	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-3,202,153	20,018,692	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-6,392,140	16,185,527	5.00
7.00	00700 OPERATION OF PLANT	0	4,827,949	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	381,465	8.00
9.00	00900 HOUSEKEEPING	0	1,509,035	9.00
10.00	01000 DIETARY	-27,194	390,571	10.00
11.00	01100 CAFETERIA	-409,964	249,559	11.00
13.00	01300 NURSING ADMINISTRATION	0	3,494,451	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,404,427	14.00
15.00	01500 PHARMACY	-249,080	3,629,502	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-23,374	1,296,253	16.00
18.00	01850 PHYSICIAN PRIVATE PRACTICE	0	1,132,033	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	-618,519	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-943,008	6,763,950	30.00
31.00	03100 INTENSIVE CARE UNIT	-65,000	4,426,921	31.00
43.00	04300 NURSERY	0	1,539,753	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-282,579	8,170,396	50.00
51.00	05100 RECOVERY ROOM	0	748,291	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,285,639	52.00
53.00	05300 ANESTHESIOLOGY	-3,764,439	38,442	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,995,817	54.00
54.01	03630 ULTRA SOUND	-5,200	573,921	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	67,523	54.02
57.00	05700 CT SCAN	-19,895	999,276	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	292,755	58.00
60.00	06000 LABORATORY	-59,723	5,949,143	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	305,167	63.00
64.00	06400 INTRAVENOUS THERAPY	0	445,068	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,204,620	65.00
66.00	06600 PHYSICAL THERAPY	0	1,402,915	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	493,277	67.00
68.00	06800 SPEECH PATHOLOGY	0	303,471	68.00
69.00	06900 ELECTROCARDIOLOGY	-1,564	152,373	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,114,723	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	4,813,037	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-2,734	11,568,053	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0	456,924	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0	0	76.01
76.02	03951 CASE MANAGEMENT	0	0	76.02
76.03	03950 PAIN MANAGEMENT	-1,095,492	589,772	76.03
76.04	03610 SLEEP LAB	-6,731	438,696	76.04
76.05	03480 ONCOLOGY	-1,009,199	1,864,404	76.05
76.97	07697 CARDIAC REHABILITATION	0	224,239	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	1,787,791	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	0	344,220	88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	0	1,813,013	88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	0	412,649	88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	0	1,819,063	88.04
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0	0	90.01
90.02	09002 VEIN CENTER	-328,825	156,572	90.02
90.03	09003 OBGYN	-565,175	216,970	90.03
90.04	09004 NEUROSURGERY	-886,734	69,176	90.04
90.05	09005 SURGICAL ASSOCIATES	-2,390,561	326,553	90.05
91.00	09100 EMERGENCY	-2,681,712	5,537,191	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952 BEHAVIORAL HEALTH	-350,566	327,517	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY	0	1,500,413	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE	0	0	113.00
116.00	11600 HOSPICE	0	1,114,296	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-25,912,733	143,711,139	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0065

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

Worksheet A  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,958,684	192.00
194.00	07950 WELLNESS	0	0	194.00
194.01	07951 JACKSON MOB	0	750,984	194.01
194.02	07952 EXTERNAL SVCS MARKETING	0	918,284	194.02
194.03	07953 WASHINGTON CLINIC	0	815,149	194.03
194.04	07954 PHYSICIAN OFFICES	0	1,604,679	194.04
194.05	07955 INTEGRATED MEDICINE	0	685,029	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	0	194.06
194.07	07957 PRIMARY CARE	0	777,524	194.07
194.08	07958 EMPLOYER CLINIC	0	806,108	194.08
194.09	07959 UROLOGY PROF	0	2,472,178	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	1,012	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	194.11
194.12	07962 SPC	0	678,022	194.12
194.13	07963 PULMONARY PROFESSIONAL	0	704,498	194.13
200.00	TOTAL (SUM OF LINES 118 through 199)	-25,912,733	159,883,290	200.00

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,001,397	1.00
	O		0	5,001,397	
<b>B - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	187,247	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	62,937	2.00
	O		0	250,184	
<b>C - CAFETERIA</b>					
1.00	CAFETERIA	11.00	375,612	283,911	1.00
	O		375,612	283,911	
<b>D - BOND INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	440,161	1.00
	O		0	440,161	
<b>E - NURSERY</b>					
1.00	NURSERY	43.00	1,142,811	396,942	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	954,206	331,433	2.00
	O		2,097,017	728,375	
<b>F - NONPHYSICIAN ANESTHETIST</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	618,519	0	1.00
	O		618,519	0	
<b>G - HOME HEALTH SOCIAL WORKER</b>					
1.00	HOME HEALTH AGENCY	101.00	186	0	1.00
	O		186	0	
<b>H - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,570,787	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
	O		0	11,570,787	
<b>I - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,927,760	1.00
2.00		0.00	0	0	2.00
	O		0	7,927,760	
<b>J - IMPLANTABLE DEVICE</b>					
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	4,813,037	1.00
	O		0	4,813,037	
<b>K - RESPIRATORY THERAPY DIRECTOR</b>					
1.00	SLEEP LAB	76.04	61,137	0	1.00
	O		61,137	0	
<b>L - RADIOLOGY DIRECTOR</b>					
1.00	ULTRA SOUND	54.01	24,892	0	1.00
2.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	16,595	0	2.00
3.00	CT SCAN	57.00	24,892	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,892	0	4.00
	O		91,271	0	
<b>M - HOSPICE RECLASS</b>					
1.00	HOSPICE	116.00	167,669	0	1.00
	O		167,669	0	
<b>N - JACKSON PARK PHYSICIAN RECLASS</b>					
1.00	RURAL HEALTH CLINIC (RHC)	88.00	1,513,873	273,918	1.00
	TOTALS		1,513,873	273,918	
<b>O - BROWNSTOWN PHYSICIAN RECLASS</b>					
1.00	RURAL HEALTH CLINIC (RHC)	88.01	284,153	60,067	1.00
	TOTALS		284,153	60,067	
<b>P - SCHNECK OBGYN PHYSICIAN RECLASS</b>					
1.00	RURAL HEALTH CLINIC (RHC)	88.02	1,666,892	146,121	1.00
	TOTALS		1,666,892	146,121	

Provider CCN: 15-0065

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
Q - URGENT CARE PHYSICIAN RECLASS					
1.00	RURAL HEALTH CLINIC (RHC)		88.03	368,414	44,235
	TOTALS			368,414	44,235
R - SPC-IM-PED PHYSICIAN RECLASS					
1.00	RURAL HEALTH CLINIC (RHC)		88.04	1,617,524	201,539
2.00			0.00	0	0
	TOTALS			1,617,524	201,539
500.00	Grand Total: Increases			8,862,267	31,741,492



RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,001,397	9		1.00
	O		0	5,001,397			
<b>B - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	250,184	12		1.00
2.00	O	0.00	0	0	12		2.00
	O		0	250,184			
<b>C - CAFETERIA</b>							
1.00	DIETARY	10.00	375,612	283,911	0		1.00
	O		375,612	283,911			
<b>D - BOND INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	440,161	11		1.00
	O		0	440,161			
<b>E - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,097,017	728,375	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		2,097,017	728,375			
<b>F - NONPHYSICIAN ANESTHETIST</b>							
1.00	ANESTHESIOLOGY	53.00	618,519	0	0		1.00
	O		618,519	0			
<b>G - HOME HEALTH SOCIAL WORKER</b>							
1.00	NURSING ADMINISTRATION	13.00	186	0	0		1.00
	O		186	0			
<b>H - DRUGS</b>							
1.00	NURSING ADMINISTRATION	13.00	0	22,279	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	829	0		2.00
3.00	PHARMACY	15.00	0	11,028,098	0		3.00
4.00	PHYSICIAN PRIVATE PRACTICE	18.00	0	528	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	151,452	0		5.00
6.00	OPERATING ROOM	50.00	0	24,922	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,810	0		7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	77,976	0		8.00
9.00	CT SCAN	57.00	0	85,394	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	39,436	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	3,056	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	61,100	0		12.00
13.00	WOUND CARE (DIABETES CENTER)	76.00	0	2,145	0		13.00
14.00	PAIN MANAGEMENT	76.03	0	50,401	0		14.00
15.00	OBGYN	90.03	0	10,156	0		15.00
16.00	SURGICAL ASSOCIATES	90.05	0	205	0		16.00
	O		0	11,570,787			
<b>I - MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,717,142	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	210,618	0		2.00
	O		0	7,927,760			
<b>J - IMPLANTABLE DEVICE</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,813,037	0		1.00
	O		0	4,813,037			
<b>K - RESPIRATORY THERAPY DIRECTOR</b>							
1.00	RESPIRATORY THERAPY	65.00	61,137	0	0		1.00
	O		61,137	0			
<b>L - RADIOLOGY DIRECTOR</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	91,271	0	0		1.00
2.00	O	0.00	0	0	0		2.00
3.00	O	0.00	0	0	0		3.00
4.00	O	0.00	0	0	0		4.00
	O		91,271	0			
<b>M - HOSPICE RECLASS</b>							
1.00	HOME HEALTH AGENCY	101.00	167,669	0	0		1.00
	O		167,669	0			
<b>N - JACKSON PARK PHYSICIAN RECLASS</b>							
1.00	PRIMARY CARE	194.07	1,513,873	273,918	0		1.00
	TOTALS		1,513,873	273,918			
<b>O - BROWNSTOWN PHYSICIAN RECLASS</b>							
1.00	PRIMARY CARE	194.07	284,153	60,067	0		1.00
	TOTALS		284,153	60,067			
<b>P - SCHNECK OBGYN PHYSICIAN RECLASS</b>							
1.00	OBGYN	90.03	1,666,892	146,121	0		1.00
	TOTALS		1,666,892	146,121			

RECLASSIFICATIONS

Provider CCN: 15-0065

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

Worksheet A-6

Date/Time Prepared:  
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
Q - URGENT CARE PHYSICIAN RECLASS						
1.00	EMERGENCY	91.00	368,414	44,235	0	1.00
	TOTALS		368,414	44,235		
R - SPC-IM-PED PHYSICIAN RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	449,916	67,346	0	1.00
2.00	SPC	194.12	1,167,608	134,193	0	2.00
	TOTALS		1,617,524	201,539		
500.00	Grand Total: Decreases		8,862,267	31,741,492		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	10,922,437	828,588	0	828,588	0 1.00
2.00	Land Improvements	4,853,948	75,556	0	75,556	0 2.00
3.00	Buildings and Fixtures	152,748,139	149,730	0	149,730	0 3.00
4.00	Building Improvements	5,300,487	850,258	0	850,258	0 4.00
5.00	Fixed Equipment	8,098,161	627,942	0	627,942	0 5.00
6.00	Movable Equipment	61,176,989	2,348,097	0	2,348,097	0 6.00
7.00	HIT designated Assets	4,567,899	0	0	0	27,910 7.00
8.00	Subtotal (sum of lines 1-7)	247,668,060	4,880,171	0	4,880,171	27,910 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	247,668,060	4,880,171	0	4,880,171	27,910 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	11,751,025	0			0 1.00
2.00	Land Improvements	4,929,504	0			0 2.00
3.00	Buildings and Fixtures	152,897,869	0			0 3.00
4.00	Building Improvements	6,150,745	0			0 4.00
5.00	Fixed Equipment	8,726,103	0			0 5.00
6.00	Movable Equipment	63,525,086	0			0 6.00
7.00	HIT designated Assets	4,539,989	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	252,520,321	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	252,520,321	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	12,378,512	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,378,512	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,378,512				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	12,378,512				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0065

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	188,995,235	0	188,995,235	0.748436	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	63,525,086	0	63,525,086	0.251564	0	2.00
3.00	Total (sum of lines 1-2)	252,520,321	0	252,520,321	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	7,377,115	-104,032	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,001,397	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,378,512	-104,032	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	13,021	187,247	0	0	7,473,351	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	62,937	0	0	5,064,334	2.00
3.00	Total (sum of lines 1-2)	13,021	250,184	0	0	12,537,685	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-427,140	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-98,930	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-104,032	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-11,972	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-13,168,943			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	-407,551	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees 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	B	-2,734	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-23,374	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	B	-2,413	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - 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	A	-618,519	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0065

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

Worksheet A-8

Date/Time Prepared:  
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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	
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 HOSPITAL ASSESSMENT FEE	A	-5,879,579		ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01 ADMIN AND GENERAL MARKETING	A	-4,093		ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 ADULTS AND PEDS MARKETING	A	-1,060		ADULTS & PEDIATRICS	30.00	0 33.02
33.03 SURGICAL PROF MARKETING	A	-911		SURGICAL ASSOCIATES	90.05	0 33.03
33.04 PHYSICIAN RECRUITMENT	A	-200,004		ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05 MISC INCOME - DIETARY	B	-27,194		DIETARY	10.00	0 33.05
33.06 340B RETAIL PHARMACY EXP	A	-55,002		PHARMACY	15.00	0 33.06
33.07 MISC INCOME - ADMIN & GENERAL	B	130,093		ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 MISC INCOME - OPERATING ROOM	B	38,646		OPERATING ROOM	50.00	0 33.08
33.09 LOBBYING DUES	A	-11,345		ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 TELEPHONE OPERATOR BENEFITS	A	-51		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11 CRNA OFFSET - BENEFITS	A	-140,651		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.11
33.12 APRN OFFSET	A	-264,381		ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 APRN OFFSET	A	-311,338		ADULTS & PEDIATRICS	30.00	0 33.13
33.14 APRN OFFSET	A	-231,263		PAIN MANAGEMENT	76.03	0 33.14
33.15 APRN OFFSET	A	-42,514		OBGYN	90.03	0 33.15
33.16 APRN OFFSET	A	-93,393		NEUROSURGERY	90.04	0 33.16
33.17 APRN OFFSET	A	-133,747		SURGICAL ASSOCIATES	90.05	0 33.17
33.18 APRN OFFSET	A	-323,303		EMERGENCY	91.00	0 33.18
33.19 APRN OFFSET - BENEFITS	A	-318,346		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20 PA - OFFSET	A	-183		ADULTS & PEDIATRICS	30.00	0 33.20
33.21 PA - OFFSET	A	-106,550		NEUROSURGERY	90.04	0 33.21
33.22 PA - OFFSET	A	-133,889		EMERGENCY	91.00	0 33.22
33.23 PA BENEFITS OFFSET	A	-54,717		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.23
33.24 EMPLOYEE PHARMACY OFFSET	B	-194,078		PHARMACY	15.00	0 33.24
33.25 PHYSICIAN BENEFITS OFFSET	A	-2,688,272		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,912,733				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: 15-0065

Period:  
From 01/01/2022  
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Worksheet A-8-2

Date/Time Prepared:  
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	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	116	116	0	211,500	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	93,111	2,988	90,123	211,500	405	2.00
3.00	30.00	ADULTS & PEDIATRICS	659,712	530,112	129,600	211,500	288	3.00
4.00	31.00	INTENSIVE CARE UNIT	65,000	37,917	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	321,225	321,225	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,764,439	3,764,439	0	239,400	0	6.00
7.00	54.01	ULTRA SOUND	5,200	5,200	0	271,900	0	7.00
8.00	57.00	CT SCAN	19,895	19,895	0	271,900	0	8.00
9.00	60.00	LABORATORY	300,000	0	300,000	260,300	1,920	9.00
10.00	69.00	ELECTROCARDIOLOGY	6,750	0	6,750	211,500	51	10.00
11.00	76.03	PAIN MANAGEMENT	878,261	863,261	15,000	211,500	138	11.00
12.00	76.04	SLEEP LAB	6,731	6,731	0	211,500	0	12.00
13.00	76.05	ONCOLOGY	1,009,199	1,009,199	0	211,500	1,789	13.00
14.00	90.02	VEIN CENTER	328,825	328,825	0	211,500	0	14.00
15.00	90.03	OBGYN	527,223	522,661	4,562	237,100	42	15.00
16.00	90.04	NEUROSURGERY	686,791	686,791	0	211,500	0	16.00
17.00	90.05	SURGICAL ASSOCIATES	2,269,935	2,254,935	15,000	211,500	138	17.00
18.00	91.00	EMERGENCY	2,244,520	2,224,520	20,000	211,500	520	18.00
19.00	93.00	BEHAVIORAL HEALTH	350,566	350,566	0	181,300	0	19.00
200.00			13,537,499	12,929,381	581,035		5,291	200.00



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0065

Period:  
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	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	41,182	2,059	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	29,285	1,464	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.01	ULTRA SOUND	0	0	0	0	0	7.00
8.00	57.00	CT SCAN	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	240,277	12,014	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	5,186	259	0	0	0	10.00
11.00	76.03	PAIN MANAGEMENT	14,032	702	0	0	0	11.00
12.00	76.04	SLEEP LAB	0	0	0	0	0	12.00
13.00	76.05	ONCOLOGY	181,910	9,096	0	0	0	13.00
14.00	90.02	VEIN CENTER	0	0	0	0	0	14.00
15.00	90.03	OBGYN	4,788	239	0	0	0	15.00
16.00	90.04	NEUROSURGERY	0	0	0	0	0	16.00
17.00	90.05	SURGICAL ASSOCIATES	14,032	702	0	0	0	17.00
18.00	91.00	EMERGENCY	52,875	2,644	0	0	0	18.00
19.00	93.00	BEHAVIORAL HEALTH	0	0	0	0	0	19.00
200.00			583,567	29,179	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

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Period:  
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	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	116		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	41,182	48,941	51,929		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	29,285	100,315	630,427		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	65,000		4.00
5.00	50.00	OPERATING ROOM	0	0	0	321,225		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,764,439		6.00
7.00	54.01	ULTRA SOUND	0	0	0	5,200		7.00
8.00	57.00	CT SCAN	0	0	0	19,895		8.00
9.00	60.00	LABORATORY	0	240,277	59,723	59,723		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	5,186	1,564	1,564		10.00
11.00	76.03	PAIN MANAGEMENT	0	14,032	968	864,229		11.00
12.00	76.04	SLEEP LAB	0	0	0	6,731		12.00
13.00	76.05	ONCOLOGY	0	181,910	0	1,009,199		13.00
14.00	90.02	VEIN CENTER	0	0	0	328,825		14.00
15.00	90.03	OBGYN	0	4,788	0	522,661		15.00
16.00	90.04	NEUROSURGERY	0	0	0	686,791		16.00
17.00	90.05	SURGICAL ASSOCIATES	0	14,032	968	2,255,903		17.00
18.00	91.00	EMERGENCY	0	52,875	0	2,224,520		18.00
19.00	93.00	BEHAVIORAL HEALTH	0	0	0	350,566		19.00
200.00			0	583,567	212,479	13,168,943		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,473,351	7,473,351			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,064,334		5,064,334		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,018,692	76,316	0	20,095,008	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,185,527	640,129	1,038,492	2,910,472	5.00
7.00 00700	OPERATION OF PLANT	4,827,949	402,604	487,370	536,920	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	381,465	24,579	0	17,523	8.00
9.00 00900	HOUSEKEEPING	1,509,035	37,728	14,733	390,165	9.00
10.00 01000	DIETARY	390,571	54,687	26,394	94,478	10.00
11.00 01100	CAFETERIA	249,559	86,339	0	149,152	11.00
13.00 01300	NURSING ADMINISTRATION	3,494,451	206,753	1,482	1,108,677	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,404,427	167,735	71,780	396,755	14.00
15.00 01500	PHARMACY	3,629,502	75,574	220,858	651,911	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,296,253	25,829	249	393,846	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	1,132,033	0	0	356,255	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,763,950	743,484	204,742	1,252,751	30.00
31.00 03100	INTENSIVE CARE UNIT	4,426,921	390,451	67,727	666,798	31.00
43.00 04300	NURSERY	1,539,753	92,220	0	453,800	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	8,170,396	626,374	1,107,973	1,571,962	50.00
51.00 05100	RECOVERY ROOM	748,291	99,000	421	244,672	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,285,639	192,490	0	378,907	52.00
53.00 05300	ANESTHESIOLOGY	38,442	1,680	29,612	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,995,817	219,785	546,683	525,868	54.00
54.01 03630	ULTRA SOUND	573,921	20,359	32,330	191,239	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	67,523	8,831	59,783	6,590	54.02
57.00 05700	CT SCAN	999,276	24,032	126,074	125,854	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	292,755	16,940	297,289	83,868	58.00
60.00 06000	LABORATORY	5,949,143	110,606	193,007	601,660	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	305,167	10,297	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	445,068	80,028	5,115	127,420	64.00
65.00 06500	RESPIRATORY THERAPY	2,204,620	65,257	75,534	410,944	65.00
66.00 06600	PHYSICAL THERAPY	1,402,915	244,657	7,291	551,669	66.00
67.00 06700	OCCUPATIONAL THERAPY	493,277	0	3,467	183,368	67.00
68.00 06800	SPEECH PATHOLOGY	303,471	7,698	0	118,858	68.00
69.00 06900	ELECTROCARDIOLOGY	152,373	6,467	66,507	37,858	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,114,723	4,025	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,813,037	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,568,053	0	0	0	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	456,924	40,678	2,539	158,362	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	589,772	143,488	5,879	181,299	76.03
76.04 03610	SLEEP LAB	438,696	16,432	0	77,450	76.04
76.05 03480	ONCOLOGY	1,864,404	286,566	173,616	383,225	76.05
76.97 07697	CARDIAC REHABILITATION	224,239	43,004	12,845	74,188	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC (RHC)	1,787,791	246,005	15,191	262,519	88.00
88.01 08801	RURAL HEALTH CLINIC (RHC)	344,220	41,499	339	82,396	88.01
88.02 08802	RURAL HEALTH CLINIC (RHC)	1,813,013	112,716	19,366	186,966	88.02
88.03 08803	RURAL HEALTH CLINIC (RHC)	412,649	24,931	617	132,336	88.03
88.04 08804	RURAL HEALTH CLINIC (RHC)	1,819,063	31,789	3,253	287,943	88.04
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	0	0	0	90.01
90.02 09002	VEIN CENTER	156,572	0	2,093	28,345	90.02
90.03 09003	OBGYN	216,970	49,256	8,463	64,833	90.03
90.04 09004	NEUROSURGERY	69,176	0	0	27,355	90.04
90.05 09005	SURGICAL ASSOCIATES	326,553	135,927	514	91,504	90.05
91.00 09100	EMERGENCY	5,537,191	272,089	44,880	886,481	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04952	BEHAVIORAL HEALTH	327,517	32,297	0	128,918	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,500,413	30,851	535	545,346	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	1,114,296	30,851	0	374,618	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	143,711,139	6,301,333	4,975,043	18,514,324	140,869,146	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,958,684	446,916	7,599	492,891	6,906,090	192.00
194.00	07950 WELLNESS	0	0	0	0	0	194.00
194.01	07951 JACKSON MOB	750,984	0	0	0	750,984	194.01
194.02	07952 EXTERNAL SVCS MARKETING	918,284	37,709	61,733	90,391	1,108,117	194.02
194.03	07953 WASHINGTON CLINIC	815,149	82,471	0	87,148	984,768	194.03
194.04	07954 PHYSICIAN OFFICES	1,604,679	89,231	2,225	133,342	1,829,477	194.04
194.05	07955 INTEGRATED MEDICINE	685,029	70,337	0	164,479	919,845	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957 PRIMARY CARE	777,524	104,471	5,492	96,186	983,673	194.07
194.08	07958 EMPLOYER CLINIC	806,108	140,773	4,552	237,954	1,189,387	194.08
194.09	07959 UROLOGY PROF	2,472,178	160,252	5,526	141,006	2,778,962	194.09
194.10	07960 SCOTTSBURG SPECIAL	1,012	0	0	0	1,012	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	678,022	0	778	80,161	758,961	194.12
194.13	07963 PULMONARY PROFESSIONAL	704,498	39,858	1,386	57,126	802,868	194.13
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	159,883,290	7,473,351	5,064,334	20,095,008	159,883,290	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 1:47 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,774,620				5.00
7.00	00700	OPERATION OF PLANT	990,586	7,245,429			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	67,081	28,026	518,674		8.00
9.00	00900	HOUSEKEEPING	309,087	43,019	2,901	2,306,668	9.00
10.00	01000	DIETARY	89,659	62,357	0	20,049	738,195
11.00	01100	CAFETERIA	76,818	98,447	0	31,652	0
13.00	01300	NURSING ADMINISTRATION	761,980	235,748	0	75,796	0
14.00	01400	CENTRAL SERVICES & SUPPLY	323,187	191,258	0	61,492	0
15.00	01500	PHARMACY	724,998	86,172	0	27,706	0
16.00	01600	MEDICAL RECORDS & LIBRARY	271,793	29,452	0	9,469	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	235,702	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,419,784	847,751	282,464	272,564	521,665
31.00	03100	INTENSIVE CARE UNIT	879,259	445,208	25,192	143,141	216,530
43.00	04300	NURSERY	330,326	105,153	11,797	33,808	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,817,577	714,217	53,365	229,631	0
51.00	05100	RECOVERY ROOM	173,002	112,884	0	36,294	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	294,101	219,485	4,218	70,568	0
53.00	05300	ANESTHESIOLOGY	11,044	1,916	0	616	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	520,748	250,608	44,189	80,574	0
54.01	03630	ULTRA SOUND	129,524	23,214	0	7,464	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	22,604	10,070	0	3,238	0
57.00	05700	CT SCAN	201,960	27,402	0	8,810	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109,411	19,315	0	6,210	0
60.00	06000	LABORATORY	1,085,541	126,117	0	40,548	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	49,960	11,741	0	3,775	0
64.00	06400	INTRAVENOUS THERAPY	104,150	91,252	0	29,339	0
65.00	06500	RESPIRATORY THERAPY	436,527	74,409	0	23,924	0
66.00	06600	PHYSICAL THERAPY	349,451	278,968	25,492	89,692	0
67.00	06700	OCCUPATIONAL THERAPY	107,710	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	68,104	8,778	0	2,822	0
69.00	06900	ELECTROCARDIOLOGY	41,684	7,374	23,167	2,371	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,589	0	1,476	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,832,046	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	104,288	46,383	0	14,913	0
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	145,771	163,611	0	52,603	0
76.04	03610	SLEEP LAB	84,345	18,736	0	6,024	0
76.05	03480	ONCOLOGY	428,839	326,754	0	105,056	0
76.97	07697	CARDIAC REHABILITATION	56,107	49,034	0	15,765	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC (RHC)	366,076	280,505	0	90,186	0
88.01	08801	RURAL HEALTH CLINIC (RHC)	74,190	47,319	0	15,214	0
88.02	08802	RURAL HEALTH CLINIC (RHC)	337,657	128,523	0	41,322	0
88.03	08803	RURAL HEALTH CLINIC (RHC)	90,356	28,427	0	9,140	0
88.04	08804	RURAL HEALTH CLINIC (RHC)	339,238	36,247	0	11,654	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0
90.02	09002	VEIN CENTER	29,617	0	0	0	0
90.03	09003	OBGYN	53,770	56,163	0	18,057	0
90.04	09004	NEUROSURGERY	15,288	0	0	0	0
90.05	09005	SURGICAL ASSOCIATES	87,816	154,989	0	49,831	0
91.00	09100	EMERGENCY	1,067,522	310,246	45,889	99,749	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIORAL HEALTH	77,401	36,826	0	11,840	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	328,960	35,177	0	11,310	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	240,687	35,177	0	11,310	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,763,332	5,909,047	518,674	1,877,003	738,195
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,093,724	509,592	0	163,841	0
194.00	07950	WELLNESS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.01	07951 JACKSON MOB	118,934	0	0	0	0	194.01
194.02	07952 EXTERNAL SVCS MARKETING	175,494	42,997	0	13,824	0	194.02
194.03	07953 WASHINGTON CLINIC	155,959	94,036	0	30,234	0	194.03
194.04	07954 PHYSICIAN OFFICES	289,736	101,745	0	32,712	0	194.04
194.05	07955 INTEGRATED MEDICINE	145,677	80,202	0	25,786	0	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957 PRIMARY CARE	155,785	119,122	0	38,299	0	194.07
194.08	07958 EMPLOYER CLINIC	188,364	160,514	0	51,608	0	194.08
194.09	07959 UROLOGY PROF	440,107	182,726	0	58,749	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	160	0	0	0	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	120,197	0	0	0	0	194.12
194.13	07963 PULMONARY PROFESSIONAL	127,151	45,448	0	14,612	0	194.13
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)	20,774,620	7,245,429	518,674	2,306,668	738,195	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	691,967					11.00
13.00	01300	NURSING ADMINISTRATION	35,925	5,920,812				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,899	350,886	2,989,419			14.00
15.00	01500	PHARMACY	20,643	330,761	0	5,768,125		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,207	0	0	0	2,050,098	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	11,454	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	55,186	884,222	0	0	86,502	30.00
31.00	03100	INTENSIVE CARE UNIT	29,872	478,631	0	0	45,950	31.00
43.00	04300	NURSERY	15,834	253,701	0	0	39,421	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	62,481	1,001,045	0	0	642,783	50.00
51.00	05100	RECOVERY ROOM	8,755	0	0	0	48,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,221	211,839	0	0	58,886	52.00
53.00	05300	ANESTHESIOLOGY	8,718	0	0	0	41,113	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,359	374,271	0	0	63,162	54.00
54.01	03630	ULTRA SOUND	6,255	0	0	0	26,617	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	123	0	0	0	7,925	54.02
57.00	05700	CT SCAN	4,874	0	0	0	145,242	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,906	0	0	0	47,804	58.00
60.00	06000	LABORATORY	33,089	530,172	0	0	146,994	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,254	63.00
64.00	06400	INTRAVENOUS THERAPY	4,715	0	0	0	12,196	64.00
65.00	06500	RESPIRATORY THERAPY	14,379	0	0	0	39,077	65.00
66.00	06600	PHYSICAL THERAPY	24,938	399,579	0	0	35,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,194	0	0	0	15,207	67.00
68.00	06800	SPEECH PATHOLOGY	3,715	0	0	0	7,566	68.00
69.00	06900	ELECTROCARDIOLOGY	1,463	23,439	0	0	28,163	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,175,967	0	42,652	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	1,813,452	0	38,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,768,125	146,260	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	6,706	0	0	0	9,294	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	12,024	0	0	0	8,433	76.03
76.04	03610	SLEEP LAB	2,151	0	0	0	10,851	76.04
76.05	03480	ONCOLOGY	18,059	0	0	0	60,875	76.05
76.97	07697	CARDIAC REHABILITATION	2,919	0	0	0	1,175	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	10,320	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	0	0	0	2,642	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	12,800	0	0	0	21,443	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	4,777	76,540	0	0	3,991	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	17,637	282,588	0	0	12,062	88.04
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	2,481	0	0	0	7,002	90.02
90.03	09003	OBGYN	5,594	0	0	0	372	90.03
90.04	09004	NEUROSURGERY	4,061	0	0	0	1,537	90.04
90.05	09005	SURGICAL ASSOCIATES	9,382	0	0	0	2,227	90.05
91.00	09100	EMERGENCY	45,132	723,138	0	0	102,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	5,596	0	0	0	1,162	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	11,923	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	13,028	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	582,524	5,920,812	2,989,419	5,768,125	2,050,098	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,033	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	0	0	0	0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	3,404	0	0	0	0	194.02
194.03 07953 WASHINGTON CLINIC	6,978	0	0	0	0	194.03
194.04 07954 PHYSICIAN OFFICES	13,711	0	0	0	0	194.04
194.05 07955 INTEGRATED MEDICINE	4,703	0	0	0	0	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07 07957 PRIMARY CARE	0	0	0	0	0	194.07
194.08 07958 EMPLOYER CLINIC	10,547	0	0	0	0	194.08
194.09 07959 UROLOGY PROF	15,633	0	0	0	0	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	0	0	0	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	7,181	0	0	0	0	194.12
194.13 07963 PULMONARY PROFESSIONAL	5,253	0	0	0	0	194.13
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)	691,967	5,920,812	2,989,419	5,768,125	2,050,098	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	1,735,444				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS		0			19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	13,335,065	0	13,335,065 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	7,815,680	0	7,815,680 31.00
43.00 04300	NURSERY	0	0	2,875,813	0	2,875,813 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	15,997,804	0	15,997,804 50.00
51.00 05100	RECOVERY ROOM	0	0	1,471,987	0	1,471,987 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,729,354	0	2,729,354 52.00
53.00 05300	ANESTHESIOLOGY	0	0	133,141	0	133,141 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	4,645,064	0	4,645,064 54.00
54.01 03630	ULTRA SOUND	0	0	1,010,923	0	1,010,923 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	186,687	0	186,687 54.02
57.00 05700	CT SCAN	0	0	1,663,524	0	1,663,524 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	876,498	0	876,498 58.00
60.00 06000	LABORATORY	0	0	8,816,877	0	8,816,877 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	384,194	0	384,194 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	899,283	0	899,283 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	3,344,671	0	3,344,671 65.00
66.00 06600	PHYSICAL THERAPY	0	0	3,410,439	0	3,410,439 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	809,223	0	809,223 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	521,012	0	521,012 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	390,866	0	390,866 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,343,432	0	4,343,432 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	6,664,760	0	6,664,760 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	19,314,484	0	19,314,484 73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	0	840,087	0	840,087 76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0 76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	0 76.02
76.03 03950	PAIN MANAGEMENT	0	0	1,302,880	0	1,302,880 76.03
76.04 03610	SLEEP LAB	0	0	654,685	0	654,685 76.04
76.05 03480	ONCOLOGY	0	0	3,647,394	0	3,647,394 76.05
76.97 07697	CARDIAC REHABILITATION	0	0	479,276	0	479,276 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	0	3,058,593	0	3,058,593 88.00
88.01 08801	RURAL HEALTH CLINIC (RHC)	0	0	607,819	0	607,819 88.01
88.02 08802	RURAL HEALTH CLINIC (RHC)	137,632	0	2,811,438	0	2,811,438 88.02
88.03 08803	RURAL HEALTH CLINIC (RHC)	0	0	783,764	0	783,764 88.03
88.04 08804	RURAL HEALTH CLINIC (RHC)	189,641	0	3,031,115	0	3,031,115 88.04
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PALLIATIVE HEALTH	0	0	0	0	0 90.01
90.02 09002	VEIN CENTER	26,673	0	252,783	0	252,783 90.02
90.03 09003	OBGYN	60,149	0	533,627	0	533,627 90.03
90.04 09004	NEUROSURGERY	43,663	0	161,080	0	161,080 90.04
90.05 09005	SURGICAL ASSOCIATES	100,884	0	959,627	0	959,627 90.05
91.00 09100	EMERGENCY	0	0	9,134,578	0	9,134,578 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIORAL HEALTH	0	0	621,557	0	621,557 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	2,464,515	0	2,464,515 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	1,819,967	0	1,819,967 116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	558,642	0	134,805,566	0	134,805,566	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	451,967	0	9,167,247	0	9,167,247	192.00
194.00	07950 WELLNESS	0	0	0	0	0	194.00
194.01	07951 JACKSON MOB	0	0	869,918	0	869,918	194.01
194.02	07952 EXTERNAL SVCS MARKETING	36,600	0	1,380,436	0	1,380,436	194.02
194.03	07953 WASHINGTON CLINIC	75,033	0	1,347,008	0	1,347,008	194.03
194.04	07954 PHYSICIAN OFFICES	147,434	0	2,414,815	0	2,414,815	194.04
194.05	07955 INTEGRATED MEDICINE	50,572	0	1,226,785	0	1,226,785	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957 PRIMARY CARE	0	0	1,296,879	0	1,296,879	194.07
194.08	07958 EMPLOYER CLINIC	113,407	0	1,713,827	0	1,713,827	194.08
194.09	07959 UROLOGY PROF	168,091	0	3,644,268	0	3,644,268	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	0	1,172	0	1,172	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	77,210	0	963,549	0	963,549	194.12
194.13	07963 PULMONARY PROFESSIONAL	56,488	0	1,051,820	0	1,051,820	194.13
200.00	Cross Foot Adjustments		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)	1,735,444	0	159,883,290	0	159,883,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:47 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	76,316	0	76,316	76,316 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	258,222	640,129	1,038,492	1,936,843	11,056 5.00
7.00 00700	OPERATION OF PLANT	77,646	402,604	487,370	967,620	2,039 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	24,579	0	31,124	67 8.00
9.00 00900	HOUSEKEEPING	9,655	37,728	14,733	62,116	1,482 9.00
10.00 01000	DIETARY	2,378	54,687	26,394	83,459	359 10.00
11.00 01100	CAFETERIA	0	86,339	0	86,339	566 11.00
13.00 01300	NURSING ADMINISTRATION	58,583	206,753	1,482	266,818	4,210 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,106	167,735	71,780	246,621	1,507 14.00
15.00 01500	PHARMACY	0	75,574	220,858	296,432	2,476 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	25,829	249	26,078	1,496 16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	1,353 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,630	743,484	204,742	968,856	4,757 30.00
31.00 03100	INTENSIVE CARE UNIT	2,935	390,451	67,727	461,113	2,532 31.00
43.00 04300	NURSERY	0	92,220	0	92,220	1,723 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	403,172	626,374	1,107,973	2,137,519	5,970 50.00
51.00 05100	RECOVERY ROOM	0	99,000	421	99,421	929 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	192,490	0	192,490	1,439 52.00
53.00 05300	ANESTHESIOLOGY	0	1,680	29,612	31,292	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	219,785	546,683	766,468	1,997 54.00
54.01 03630	ULTRA SOUND	0	20,359	32,330	52,689	726 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,831	59,783	68,614	25 54.02
57.00 05700	CT SCAN	0	24,032	126,074	150,106	478 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,940	297,289	314,229	318 58.00
60.00 06000	LABORATORY	26,730	110,606	193,007	330,343	2,285 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	10,297	0	10,297	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	80,028	5,115	85,143	484 64.00
65.00 06500	RESPIRATORY THERAPY	5,600	65,257	75,534	146,391	1,561 65.00
66.00 06600	PHYSICAL THERAPY	873	244,657	7,291	252,821	2,095 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	3,467	3,467	696 67.00
68.00 06800	SPEECH PATHOLOGY	873	7,698	0	8,571	451 68.00
69.00 06900	ELECTROCARDIOLOGY	0	6,467	66,507	72,974	144 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,025	0	4,025	0 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	26,454	40,678	2,539	69,671	601 76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0 76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	0 76.02
76.03 03950	PAIN MANAGEMENT	0	143,488	5,879	149,367	689 76.03
76.04 03610	SLEEP LAB	3,118	16,432	0	19,550	294 76.04
76.05 03480	ONCOLOGY	756	286,566	173,616	460,938	1,455 76.05
76.97 07697	CARDIAC REHABILITATION	0	43,004	12,845	55,849	282 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	246,005	15,191	261,196	997 88.00
88.01 08801	RURAL HEALTH CLINIC (RHC)	0	41,499	339	41,838	313 88.01
88.02 08802	RURAL HEALTH CLINIC (RHC)	0	112,716	19,366	132,082	710 88.02
88.03 08803	RURAL HEALTH CLINIC (RHC)	0	24,931	617	25,548	503 88.03
88.04 08804	RURAL HEALTH CLINIC (RHC)	0	31,789	3,253	35,042	1,093 88.04
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PALLIATIVE HEALTH	0	0	0	0	0 90.01
90.02 09002	VEIN CENTER	0	0	2,093	2,093	108 90.02
90.03 09003	OBGYN	0	49,256	8,463	57,719	246 90.03
90.04 09004	NEUROSURGERY	0	0	0	0	104 90.04
90.05 09005	SURGICAL ASSOCIATES	0	135,927	514	136,441	347 90.05
91.00 09100	EMERGENCY	90	272,089	44,880	317,059	3,367 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04952	BEHAVIORAL HEALTH	0	32,297	0	32,297	490 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	30,851	535	31,386	2,071 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	86,368	30,851	0	117,219	1,423 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	997,734	6,301,333	4,975,043	12,274,110	70,314 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	65,340	446,916	7,599	519,855	1,872	192.00
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	329	0	0	329	0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	37,709	61,733	99,442	343	194.02
194.03 07953 WASHINGTON CLINIC	92,195	82,471	0	174,666	331	194.03
194.04 07954 PHYSICIAN OFFICES	123,790	89,231	2,225	215,246	506	194.04
194.05 07955 INTEGRATED MEDICINE	0	70,337	0	70,337	625	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07 07957 PRIMARY CARE	0	104,471	5,492	109,963	365	194.07
194.08 07958 EMPLOYER CLINIC	0	140,773	4,552	145,325	904	194.08
194.09 07959 UROLOGY PROF	215,227	160,252	5,526	381,005	535	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	0	0	0	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	0	0	778	778	304	194.12
194.13 07963 PULMONARY PROFESSIONAL	55,047	39,858	1,386	96,291	217	194.13
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	1,549,662	7,473,351	5,064,334	14,087,347	76,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 1:47 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,947,899				5.00
7.00	00700	OPERATION OF PLANT	92,878	1,062,537			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,290	4,110	41,591		8.00
9.00	00900	HOUSEKEEPING	28,980	6,309	233	99,120	9.00
10.00	01000	DIETARY	8,406	9,145	0	862	102,231
11.00	01100	CAFETERIA	7,203	14,437	0	1,360	0
13.00	01300	NURSING ADMINISTRATION	71,444	34,572	0	3,257	0
14.00	01400	CENTRAL SERVICES & SUPPLY	30,302	28,048	0	2,642	0
15.00	01500	PHARMACY	67,976	12,637	0	1,191	0
16.00	01600	MEDICAL RECORDS & LIBRARY	25,484	4,319	0	407	0
18.00	01850	PHYSICIAN PRIVATE PRACTICE	22,100	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	133,120	124,325	22,650	11,712	72,244
31.00	03100	INTENSIVE CARE UNIT	82,440	65,289	2,020	6,151	29,987
43.00	04300	NURSERY	30,972	15,421	946	1,453	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	170,418	104,739	4,279	9,868	0
51.00	05100	RECOVERY ROOM	16,221	16,554	0	1,560	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,575	32,187	338	3,032	0
53.00	05300	ANESTHESIOLOGY	1,035	281	0	26	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,826	36,751	3,543	3,462	0
54.01	03630	ULTRA SOUND	12,144	3,404	0	321	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,119	1,477	0	139	0
57.00	05700	CT SCAN	18,936	4,019	0	379	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,258	2,833	0	267	0
60.00	06000	LABORATORY	101,781	18,495	0	1,742	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,684	1,722	0	162	0
64.00	06400	INTRAVENOUS THERAPY	9,765	13,382	0	1,261	0
65.00	06500	RESPIRATORY THERAPY	40,929	10,912	0	1,028	0
66.00	06600	PHYSICAL THERAPY	32,765	40,910	2,044	3,854	0
67.00	06700	OCCUPATIONAL THERAPY	10,099	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	6,385	1,287	0	121	0
69.00	06900	ELECTROCARDIOLOGY	3,908	1,081	1,858	102	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	673	0	63	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	171,827	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	9,778	6,802	0	641	0
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	13,668	23,993	0	2,260	0
76.04	03610	SLEEP LAB	7,908	2,748	0	259	0
76.05	03480	ONCOLOGY	40,208	47,918	0	4,514	0
76.97	07697	CARDIAC REHABILITATION	5,261	7,191	0	677	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC (RHC)	34,324	41,136	0	3,875	0
88.01	08801	RURAL HEALTH CLINIC (RHC)	6,956	6,939	0	654	0
88.02	08802	RURAL HEALTH CLINIC (RHC)	31,659	18,848	0	1,776	0
88.03	08803	RURAL HEALTH CLINIC (RHC)	8,472	4,169	0	393	0
88.04	08804	RURAL HEALTH CLINIC (RHC)	31,807	5,316	0	501	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0
90.02	09002	VEIN CENTER	2,777	0	0	0	0
90.03	09003	OBGYN	5,042	8,236	0	776	0
90.04	09004	NEUROSURGERY	1,433	0	0	0	0
90.05	09005	SURGICAL ASSOCIATES	8,234	22,729	0	2,141	0
91.00	09100	EMERGENCY	100,092	45,497	3,680	4,286	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04952	BEHAVIORAL HEALTH	7,257	5,400	0	509	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	30,844	5,159	0	486	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	22,567	5,159	0	486	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,665,557	866,559	41,591	80,656	102,231
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	102,549	74,731	0	7,040	0
194.00	07950	WELLNESS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

Worksheet B  
Part II  
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5/25/2023 1:47 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.01	07951	JACKSON MOB	11,151	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	16,454	6,305	0	594	0	194.02
194.03	07953	WASHINGTON CLINIC	14,623	13,790	0	1,299	0	194.03
194.04	07954	PHYSICIAN OFFICES	27,166	14,921	0	1,406	0	194.04
194.05	07955	INTEGRATED MEDICINE	13,659	11,761	0	1,108	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	14,607	17,469	0	1,646	0	194.07
194.08	07958	EMPLOYER CLINIC	17,661	23,539	0	2,218	0	194.08
194.09	07959	UROLOGY PROF	41,265	26,797	0	2,525	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	15	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	11,270	0	0	0	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	11,922	6,665	0	628	0	194.13
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)	1,947,899	1,062,537	41,591	99,120	102,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	109,905					11.00
13.00	01300	5,706	386,007				13.00
14.00	01400	3,478	22,876	335,474			14.00
15.00	01500	3,279	21,564	0	405,555		15.00
16.00	01600	3,686	0	0	0	61,470	16.00
18.00	01850	1,819	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	8,765	57,647	0	0	2,596	30.00
31.00	03100	4,745	31,204	0	0	1,379	31.00
43.00	04300	2,515	16,540	0	0	1,183	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,922	65,263	0	0	19,231	50.00
51.00	05100	1,391	0	0	0	1,461	51.00
52.00	05200	2,100	13,811	0	0	1,767	52.00
53.00	05300	1,385	0	0	0	1,234	53.00
54.00	05400	3,710	24,401	0	0	1,896	54.00
54.01	03630	994	0	0	0	799	54.01
54.02	03450	20	0	0	0	238	54.02
57.00	05700	774	0	0	0	4,359	57.00
58.00	05800	462	0	0	0	1,435	58.00
60.00	06000	5,256	34,564	0	0	4,412	60.00
63.00	06300	0	0	0	0	98	63.00
64.00	06400	749	0	0	0	366	64.00
65.00	06500	2,284	0	0	0	1,173	65.00
66.00	06600	3,961	26,051	0	0	1,074	66.00
67.00	06700	984	0	0	0	456	67.00
68.00	06800	590	0	0	0	227	68.00
69.00	06900	232	1,528	0	0	845	69.00
71.00	07100	0	0	131,967	0	1,280	71.00
72.00	07200	0	0	203,507	0	1,149	72.00
73.00	07300	0	0	0	405,555	4,390	73.00
76.00	03952	1,065	0	0	0	279	76.00
76.01	03953	0	0	0	0	0	76.01
76.02	03951	0	0	0	0	0	76.02
76.03	03950	1,910	0	0	0	253	76.03
76.04	03610	342	0	0	0	326	76.04
76.05	03480	2,868	0	0	0	1,827	76.05
76.97	07697	464	0	0	0	35	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	310	88.00
88.01	08801	0	0	0	0	79	88.01
88.02	08802	2,033	0	0	0	644	88.02
88.03	08803	759	4,990	0	0	120	88.03
88.04	08804	2,801	18,423	0	0	362	88.04
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	394	0	0	0	210	90.02
90.03	09003	888	0	0	0	11	90.03
90.04	09004	645	0	0	0	46	90.04
90.05	09005	1,490	0	0	0	67	90.05
91.00	09100	7,168	47,145	0	0	3,069	91.00
92.00	09200						92.00
93.00	04952	889	0	0	0	35	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	358	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	0	391	116.00
118.00		92,523	386,007	335,474	405,555	61,470	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	6,676	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 07950 WELLNESS	0	0	0	0	0	194.00
194.01 07951 JACKSON MOB	0	0	0	0	0	194.01
194.02 07952 EXTERNAL SVCS MARKETING	541	0	0	0	0	194.02
194.03 07953 WASHINGTON CLINIC	1,108	0	0	0	0	194.03
194.04 07954 PHYSICIAN OFFICES	2,178	0	0	0	0	194.04
194.05 07955 INTEGRATED MEDICINE	747	0	0	0	0	194.05
194.06 07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07 07957 PRIMARY CARE	0	0	0	0	0	194.07
194.08 07958 EMPLOYER CLINIC	1,675	0	0	0	0	194.08
194.09 07959 UROLOGY PROF	2,483	0	0	0	0	194.09
194.10 07960 SCOTTSBURG SPECIAL	0	0	0	0	0	194.10
194.11 07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12 07962 SPC	1,140	0	0	0	0	194.12
194.13 07963 PULMONARY PROFESSIONAL	834	0	0	0	0	194.13
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)	109,905	386,007	335,474	405,555	61,470	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

Period:  
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To 12/31/2022

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	25,272				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,406,672	0	1,406,672	30.00
31.00 03100	INTENSIVE CARE UNIT	0	686,860	0	686,860	31.00
43.00 04300	NURSERY	0	162,973	0	162,973	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	2,527,209	0	2,527,209	50.00
51.00 05100	RECOVERY ROOM	0	137,537	0	137,537	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	274,739	0	274,739	52.00
53.00 05300	ANESTHESIOLOGY	0	35,253	0	35,253	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	891,054	0	891,054	54.00
54.01 03630	ULTRA SOUND	0	71,077	0	71,077	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	72,632	0	72,632	54.02
57.00 05700	CT SCAN	0	179,051	0	179,051	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	329,802	0	329,802	58.00
60.00 06000	LABORATORY	0	498,878	0	498,878	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	16,963	0	16,963	63.00
64.00 06400	INTRAVENOUS THERAPY	0	111,150	0	111,150	64.00
65.00 06500	RESPIRATORY THERAPY	0	204,278	0	204,278	65.00
66.00 06600	PHYSICAL THERAPY	0	365,575	0	365,575	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	15,702	0	15,702	67.00
68.00 06800	SPEECH PATHOLOGY	0	17,632	0	17,632	68.00
69.00 06900	ELECTROCARDIOLOGY	0	82,672	0	82,672	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	138,008	0	138,008	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	204,656	0	204,656	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	581,772	0	581,772	73.00
76.00 03952	WOUND CARE (DIABETES CENTER)	0	88,837	0	88,837	76.00
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	76.01
76.02 03951	CASE MANAGEMENT	0	0	0	0	76.02
76.03 03950	PAIN MANAGEMENT	0	192,140	0	192,140	76.03
76.04 03610	SLEEP LAB	0	31,427	0	31,427	76.04
76.05 03480	ONCOLOGY	0	559,728	0	559,728	76.05
76.97 07697	CARDIAC REHABILITATION	0	69,759	0	69,759	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	341,838	0	341,838	88.00
88.01 08801	RURAL HEALTH CLINIC (RHC)	0	56,779	0	56,779	88.01
88.02 08802	RURAL HEALTH CLINIC (RHC)	2,004	189,756	0	189,756	88.02
88.03 08803	RURAL HEALTH CLINIC (RHC)	0	44,954	0	44,954	88.03
88.04 08804	RURAL HEALTH CLINIC (RHC)	2,762	98,107	0	98,107	88.04
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PALLIATIVE HEALTH	0	0	0	0	90.01
90.02 09002	VEIN CENTER	388	5,970	0	5,970	90.02
90.03 09003	OBGYN	876	73,794	0	73,794	90.03
90.04 09004	NEUROSURGERY	636	2,864	0	2,864	90.04
90.05 09005	SURGICAL ASSOCIATES	1,469	172,918	0	172,918	90.05
91.00 09100	EMERGENCY	0	531,363	0	531,363	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04952	BEHAVIORAL HEALTH	0	46,877	0	46,877	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	70,304	0	70,304	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	147,245	0	147,245	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0065

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

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Part II  
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5/25/2023 1:47 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,582	719,305	0	192.00
194.00	07950	WELLNESS	0	0	0	194.00
194.01	07951	JACKSON MOB	0	11,480	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	533	124,212	0	194.02
194.03	07953	WASHINGTON CLINIC	1,093	206,910	0	194.03
194.04	07954	PHYSICIAN OFFICES	2,147	263,570	0	194.04
194.05	07955	INTEGRATED MEDICINE	736	98,973	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	144,050	0	194.07
194.08	07958	EMPLOYER CLINIC	1,651	192,973	0	194.08
194.09	07959	UROLOGY PROF	2,448	457,058	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	15	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	194.11
194.12	07962	SPC	1,124	14,616	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	823	117,380	0	194.13
200.00		Cross Foot Adjustments		0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,272	14,087,347	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared: 5/25/2023 1:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	382,500				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,823,719			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,906	0	50,605,548		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,763	989,151	7,329,487	-20,774,620	131,176,885
7.00 00700	OPERATION OF PLANT	20,606	464,214	1,352,133	0	6,254,843
8.00 00800	LAUNDRY & LINEN SERVICE	1,258	0	44,129	0	423,567
9.00 00900	HOUSEKEEPING	1,931	14,033	982,557	0	1,951,661
10.00 01000	DIETARY	2,799	25,140	237,926	0	566,130
11.00 01100	CAFETERIA	4,419	0	375,612	0	485,050
13.00 01300	NURSING ADMINISTRATION	10,582	1,412	2,791,997	0	4,811,363
14.00 01400	CENTRAL SERVICES & SUPPLY	8,585	68,370	999,153	0	2,040,697
15.00 01500	PHARMACY	3,868	210,365	1,641,716	0	4,577,845
16.00 01600	MEDICAL RECORDS & LIBRARY	1,322	237	991,827	0	1,716,177
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	897,162	0	1,488,288
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	38,053	195,014	3,154,820	0	8,964,927
31.00 03100	INTENSIVE CARE UNIT	19,984	64,509	1,679,208	0	5,551,897
43.00 04300	NURSERY	4,720	0	1,142,811	0	2,085,773
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,059	1,055,331	3,958,695	0	11,476,705
51.00 05100	RECOVERY ROOM	5,067	401	616,161	0	1,092,384
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,852	0	954,206	0	1,857,036
53.00 05300	ANESTHESIOLOGY	86	28,205	0	0	69,734
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,249	520,709	1,324,302	0	3,288,153
54.01 03630	ULTRA SOUND	1,042	30,794	481,599	0	817,849
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	56,943	16,595	0	142,727
57.00 05700	CT SCAN	1,230	120,084	316,941	0	1,275,236
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	867	283,164	211,206	0	690,852
60.00 06000	LABORATORY	5,661	183,837	1,515,169	0	6,854,416
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	0	0	315,464
64.00 06400	INTRAVENOUS THERAPY	4,096	4,872	320,884	0	657,631
65.00 06500	RESPIRATORY THERAPY	3,340	71,945	1,034,885	0	2,756,355
66.00 06600	PHYSICAL THERAPY	12,522	6,945	1,389,276	0	2,206,532
67.00 06700	OCCUPATIONAL THERAPY	0	3,302	461,778	0	680,112
68.00 06800	SPEECH PATHOLOGY	394	0	299,323	0	430,027
69.00 06900	ELECTROCARDIOLOGY	331	63,347	95,339	0	263,205
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	0	0	-3,118,748	0
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	-4,813,037	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,568,053
76.00 03952	WOUND CARE (DIABETES CENTER)	2,082	2,418	398,806	0	658,503
76.01 03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0
76.02 03951	CASE MANAGEMENT	0	0	0	0	0
76.03 03950	PAIN MANAGEMENT	7,344	5,600	456,568	0	920,438
76.04 03610	SLEEP LAB	841	0	195,043	0	532,578
76.05 03480	ONCOLOGY	14,667	165,367	965,082	0	2,707,811
76.97 07697	CARDIAC REHABILITATION	2,201	12,235	186,829	0	354,276
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC (RHC)	12,591	14,469	661,106	0	2,311,506
88.01 08801	RURAL HEALTH CLINIC (RHC)	2,124	323	207,499	0	468,454
88.02 08802	RURAL HEALTH CLINIC (RHC)	5,769	18,446	470,838	0	2,132,061
88.03 08803	RURAL HEALTH CLINIC (RHC)	1,276	588	333,263	0	570,533
88.04 08804	RURAL HEALTH CLINIC (RHC)	1,627	3,098	725,131	0	2,142,048
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	PALLIATIVE HEALTH	0	0	0	0	0
90.02 09002	VEIN CENTER	0	1,994	71,382	0	187,010
90.03 09003	OBGYN	2,521	8,061	163,270	0	339,522
90.04 09004	NEUROSURGERY	0	0	68,888	0	96,531
90.05 09005	SURGICAL ASSOCIATES	6,957	490	230,436	0	554,498
91.00 09100	EMERGENCY	13,926	42,748	2,232,438	0	6,740,641
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00 04952	BEHAVIORAL HEALTH	1,653	0	324,657	0	488,732
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,579	510	1,373,352	0	2,077,145
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	1,579	0	943,407	0	1,519,765

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)				
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00					4.00	5A	5.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		322,514	4,738,671	46,624,892	-28,706,405	112,162,741	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,874	7,238	1,241,254	0	6,906,090	192.00	
194.00	07950	WELLNESS	0	0	0	0	0	194.00	
194.01	07951	JACKSON MOB	0	0	0	0	750,984	194.01	
194.02	07952	EXTERNAL SVCS MARKETING	1,930	58,800	227,633	0	1,108,117	194.02	
194.03	07953	WASHINGTON CLINIC	4,221	0	219,466	0	984,768	194.03	
194.04	07954	PHYSICIAN OFFICES	4,567	2,119	335,796	0	1,829,477	194.04	
194.05	07955	INTEGRATED MEDICINE	3,600	0	414,209	0	919,845	194.05	
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06	
194.07	07957	PRIMARY CARE	5,347	5,231	242,227	0	983,673	194.07	
194.08	07958	EMPLOYER CLINIC	7,205	4,336	599,244	0	1,189,387	194.08	
194.09	07959	UROLOGY PROF	8,202	5,263	355,097	0	2,778,962	194.09	
194.10	07960	SCOTTSBURG SPECIAL	0	0	0	0	1,012	194.10	
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11	
194.12	07962	SPC	0	741	201,870	0	758,961	194.12	
194.13	07963	PULMONARY PROFESSIONAL	2,040	1,320	143,860	0	802,868	194.13	
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)		7,473,351	5,064,334	20,095,008			20,774,620	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		19.538173	1.049882	0.397091			0.158371	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				76,316			1,947,899	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001508			0.014849	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: 15-0065

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

Worksheet B-1

Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	325,225				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	433,685			8.00
9.00	00900	HOUSEKEEPING	1,931	2,426	322,036		9.00
10.00	01000	DIETARY	2,799	0	2,799	26,752	10.00
11.00	01100	CAFETERIA	4,419	0	4,419	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,582	0	10,582	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,585	0	8,585	0	14.00
15.00	01500	PHARMACY	3,868	0	3,868	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,322	0	1,322	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	38,053	236,179	38,053	18,905	100,310
31.00	03100	INTENSIVE CARE UNIT	19,984	21,064	19,984	7,847	54,298
43.00	04300	NURSERY	4,720	9,864	4,720	0	28,781
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,059	44,621	32,059	0	113,563
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	15,914
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,852	3,527	9,852	0	24,032
53.00	05300	ANESTHESIOLOGY	86	0	86	0	15,847
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,249	36,948	11,249	0	42,459
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	11,370
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	224
57.00	05700	CT SCAN	1,230	0	1,230	0	8,859
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	5,282
60.00	06000	LABORATORY	5,661	0	5,661	0	60,145
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	8,570
65.00	06500	RESPIRATORY THERAPY	3,340	0	3,340	0	26,137
66.00	06600	PHYSICAL THERAPY	12,522	21,315	12,522	0	45,330
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	11,259
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	6,753
69.00	06900	ELECTROCARDIOLOGY	331	19,371	331	0	2,659
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	0	206	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	12,189
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0
76.02	03951	CASE MANAGEMENT	0	0	0	0	0
76.03	03950	PAIN MANAGEMENT	7,344	0	7,344	0	21,856
76.04	03610	SLEEP LAB	841	0	841	0	3,909
76.05	03480	ONCOLOGY	14,667	0	14,667	0	32,826
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	5,306
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC (RHC)	12,591	0	12,591	0	0
88.01	08801	RURAL HEALTH CLINIC (RHC)	2,124	0	2,124	0	0
88.02	08802	RURAL HEALTH CLINIC (RHC)	5,769	0	5,769	0	23,266
88.03	08803	RURAL HEALTH CLINIC (RHC)	1,276	0	1,276	0	8,683
88.04	08804	RURAL HEALTH CLINIC (RHC)	1,627	0	1,627	0	32,058
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0
90.02	09002	VEIN CENTER	0	0	0	0	4,509
90.03	09003	OBGYN	2,521	0	2,521	0	10,168
90.04	09004	NEUROSURGERY	0	0	0	0	7,381
90.05	09005	SURGICAL ASSOCIATES	6,957	0	6,957	0	17,054
91.00	09100	EMERGENCY	13,926	38,370	13,926	0	82,036
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04952	BEHAVIORAL HEALTH	1,653	0	1,653	0	10,172
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	1,579	0	1,579	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,579	0	1,579	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,239	433,685	262,050	26,752	1,058,836
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	22,874	0	22,874	0	76,403	192.00
194.00	07950 WELLNESS	0	0	0	0	0	194.00
194.01	07951 JACKSON MOB	0	0	0	0	0	194.01
194.02	07952 EXTERNAL SVCS MARKETING	1,930	0	1,930	0	6,187	194.02
194.03	07953 WASHINGTON CLINIC	4,221	0	4,221	0	12,684	194.03
194.04	07954 PHYSICIAN OFFICES	4,567	0	4,567	0	24,923	194.04
194.05	07955 INTEGRATED MEDICINE	3,600	0	3,600	0	8,549	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957 PRIMARY CARE	5,347	0	5,347	0	0	194.07
194.08	07958 EMPLOYER CLINIC	7,205	0	7,205	0	19,171	194.08
194.09	07959 UROLOGY PROF	8,202	0	8,202	0	28,415	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	0	0	0	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962 SPC	0	0	0	0	13,052	194.12
194.13	07963 PULMONARY PROFESSIONAL	2,040	0	2,040	0	9,549	194.13
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)	7,245,429	518,674	2,306,668	738,195	691,967	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.278204	1.195969	7.162764	27.594012	0.550154	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,062,537	41,591	99,120	102,231	109,905	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.267083	0.095901	0.307792	3.821434	0.087381	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: 15-0065

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

Worksheet B-1

Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	671,683						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	39,806	7,934,143					14.00
15.00 01500 PHARMACY	37,523	0	100				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	442,664,077			16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	0	0	0	293,369		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	100,310	0	0	18,678,970			30.00
31.00 03100 INTENSIVE CARE UNIT	54,298	0	0	9,922,359			31.00
43.00 04300 NURSERY	28,781	0	0	8,512,499			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	113,563	0	0	138,772,978			50.00
51.00 05100 RECOVERY ROOM	0	0	0	10,509,232			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,032	0	0	12,715,569			52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	8,877,841			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,459	0	0	13,638,928			54.00
54.01 03630 ULTRA SOUND	0	0	0	5,747,655			54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,711,375			54.02
57.00 05700 CT SCAN	0	0	0	31,362,932			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,322,639			58.00
60.00 06000 LABORATORY	60,145	0	0	31,741,204			60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	702,760			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,633,523			64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,438,224			65.00
66.00 06600 PHYSICAL THERAPY	45,330	0	0	7,727,739			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,283,783			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,633,729			68.00
69.00 06900 ELECTROCARDIOLOGY	2,659	0	0	6,081,491			69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,121,106	0	9,210,203			71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	4,813,037	0	8,264,150			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	31,582,859			73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	0	2,006,958			76.00
76.01 03953 OTHER ANCILLARY CMS LINE	0	0	0	0			76.01
76.02 03951 CASE MANAGEMENT	0	0	0	0			76.02
76.03 03950 PAIN MANAGEMENT	0	0	0	1,820,921			76.03
76.04 03610 SLEEP LAB	0	0	0	2,343,122			76.04
76.05 03480 ONCOLOGY	0	0	0	13,145,090			76.05
76.97 07697 CARDIAC REHABILITATION	0	0	0	253,803			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC (RHC)	0	0	0	2,228,525			88.00
88.01 08801 RURAL HEALTH CLINIC (RHC)	0	0	0	570,472			88.01
88.02 08802 RURAL HEALTH CLINIC (RHC)	0	0	0	4,630,340	23,266		88.02
88.03 08803 RURAL HEALTH CLINIC (RHC)	8,683	0	0	861,871	0		88.03
88.04 08804 RURAL HEALTH CLINIC (RHC)	32,058	0	0	2,604,582	32,058		88.04
90.00 09000 CLINIC	0	0	0	0			90.00
90.01 09001 PALLIATIVE HEALTH	0	0	0	0			90.01
90.02 09002 VEIN CENTER	0	0	0	1,512,010	4,509		90.02
90.03 09003 OBGYN	0	0	0	80,225	10,168		90.03
90.04 09004 NEUROSURGERY	0	0	0	331,803	7,381		90.04
90.05 09005 SURGICAL ASSOCIATES	0	0	0	480,913	17,054		90.05
91.00 09100 EMERGENCY	82,036	0	0	22,081,845	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0			92.00
93.00 04952 BEHAVIORAL HEALTH	0	0	0	250,939	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100 HOME HEALTH AGENCY	0	0	0	2,574,708			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE	0	0	0	0			113.00
116.00 11600 HOSPICE	0	0	0	2,813,308			116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL						
					SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)						
	13.00	14.00	15.00	16.00	18.00						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					671,683	7,934,143	100	442,664,077	94,436	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	76,403	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	0	0	0	0	0	6,187	0	194.02
194.03	07953	WASHINGTON CLINIC	0	0	0	0	0	0	12,684	0	194.03
194.04	07954	PHYSICIAN OFFICES	0	0	0	0	0	0	24,923	0	194.04
194.05	07955	INTEGRATED MEDICINE	0	0	0	0	0	0	8,549	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	0	0	0	0	0	0	0	194.07
194.08	07958	EMPLOYER CLINIC	0	0	0	0	0	0	19,171	0	194.08
194.09	07959	UROLOGY PROF	0	0	0	0	0	0	28,415	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	0	0	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	0	0	0	194.11
194.12	07962	SPC	0	0	0	0	0	0	13,052	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	0	0	0	0	0	0	9,549	0	194.13
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)	5,920,812	2,989,419	5,768,125	2,050,098	1,735,444				202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.814890	0.376779	57,681.250000	0.004631	5.915567				203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	386,007	335,474	405,555	61,470	25,272				204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.574686	0.042282	4,055.550000	0.000139	0.086144				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: 15-0065

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	76.01
76.02	03951	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.04	03610	SLEEP LAB	76.04
76.05	03480	ONCOLOGY	76.05
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC (RHC)	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	88.04
90.00	09000	CLINIC	90.00
90.01	09001	PALLIATIVE HEALTH	90.01
90.02	09002	VEIN CENTER	90.02
90.03	09003	OBGYN	90.03
90.04	09004	NEUROSURGERY	90.04
90.05	09005	SURGICAL ASSOCIATES	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04952	BEHAVIORAL HEALTH	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0065

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 WELLNESS	0	194.00
194.01	07951 JACKSON MOB	0	194.01
194.02	07952 EXTERNAL SVCS MARKETING	0	194.02
194.03	07953 WASHINGTON CLINIC	0	194.03
194.04	07954 PHYSICIAN OFFICES	0	194.04
194.05	07955 INTEGRATED MEDICINE	0	194.05
194.06	07956 SURGICAL PROFESSIONAL	0	194.06
194.07	07957 PRIMARY CARE	0	194.07
194.08	07958 EMPLOYER CLINIC	0	194.08
194.09	07959 UROLOGY PROF	0	194.09
194.10	07960 SCOTTSBURG SPECIAL	0	194.10
194.11	07961 BEHAVIORAL HEALTH	0	194.11
194.12	07962 SPC	0	194.12
194.13	07963 PULMONARY PROFESSIONAL	0	194.13
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	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:47 pm
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		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	13,335,065		13,335,065	100,315	13,435,380 30.00
31.00	03100 INTENSIVE CARE UNIT	7,815,680		7,815,680	0	7,815,680 31.00
43.00	04300 NURSERY	2,875,813		2,875,813	0	2,875,813 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	15,997,804		15,997,804	0	15,997,804 50.00
51.00	05100 RECOVERY ROOM	1,471,987		1,471,987	0	1,471,987 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,729,354		2,729,354	0	2,729,354 52.00
53.00	05300 ANESTHESIOLOGY	133,141		133,141	0	133,141 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,645,064		4,645,064	0	4,645,064 54.00
54.01	03630 ULTRA SOUND	1,010,923		1,010,923	0	1,010,923 54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	186,687		186,687	0	186,687 54.02
57.00	05700 CT SCAN	1,663,524		1,663,524	0	1,663,524 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	876,498		876,498	0	876,498 58.00
60.00	06000 LABORATORY	8,816,877		8,816,877	59,723	8,876,600 60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	384,194		384,194	0	384,194 63.00
64.00	06400 INTRAVENOUS THERAPY	899,283		899,283	0	899,283 64.00
65.00	06500 RESPIRATORY THERAPY	3,344,671	0	3,344,671	0	3,344,671 65.00
66.00	06600 PHYSICAL THERAPY	3,410,439	0	3,410,439	0	3,410,439 66.00
67.00	06700 OCCUPATIONAL THERAPY	809,223	0	809,223	0	809,223 67.00
68.00	06800 SPEECH PATHOLOGY	521,012	0	521,012	0	521,012 68.00
69.00	06900 ELECTROCARDIOLOGY	390,866		390,866	1,564	392,430 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,343,432		4,343,432	0	4,343,432 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	6,664,760		6,664,760	0	6,664,760 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,314,484		19,314,484	0	19,314,484 73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	840,087		840,087	0	840,087 76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0		0	0	0 76.01
76.02	03951 CASE MANAGEMENT	0		0	0	0 76.02
76.03	03950 PAIN MANAGEMENT	1,302,880		1,302,880	968	1,303,848 76.03
76.04	03610 SLEEP LAB	654,685		654,685	0	654,685 76.04
76.05	03480 ONCOLOGY	3,647,394		3,647,394	0	3,647,394 76.05
76.97	07697 CARDIAC REHABILITATION	479,276		479,276	0	479,276 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC (RHC)	3,058,593		3,058,593	0	3,058,593 88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	607,819		607,819	0	607,819 88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	2,811,438		2,811,438	0	2,811,438 88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	783,764		783,764	0	783,764 88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	3,031,115		3,031,115	0	3,031,115 88.04
90.00	09000 CLINIC	0		0	0	0 90.00
90.01	09001 PALLIATIVE HEALTH	0		0	0	0 90.01
90.02	09002 VEIN CENTER	252,783		252,783	0	252,783 90.02
90.03	09003 OBGYN	533,627		533,627	0	533,627 90.03
90.04	09004 NEUROSURGERY	161,080		161,080	0	161,080 90.04
90.05	09005 SURGICAL ASSOCIATES	959,627		959,627	968	960,595 90.05
91.00	09100 EMERGENCY	9,134,578		9,134,578	0	9,134,578 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,303,429		3,303,429	0	3,303,429 92.00
93.00	04952 BEHAVIORAL HEALTH	621,557		621,557	0	621,557 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY	2,464,515		2,464,515		2,464,515 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	1,819,967		1,819,967		1,819,967 116.00
200.00	Subtotal (see instructions)	138,108,995	0	138,108,995	163,538	138,272,533 200.00
201.00	Less Observation Beds	3,303,429		3,303,429		3,303,429 201.00
202.00	Total (see instructions)	134,805,566	0	134,805,566	163,538	134,969,104 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 1:47 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,550,886		13,550,886				30.00
31.00	03100	INTENSIVE CARE UNIT	9,922,359		9,922,359				31.00
43.00	04300	NURSERY	8,512,499		8,512,499				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,728,390	129,044,588	138,772,978	0.115280	0.000000		50.00
51.00	05100	RECOVERY ROOM	585,613	9,923,619	10,509,232	0.140066	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,961,172	754,397	12,715,569	0.214647	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	819,738	8,058,103	8,877,841	0.014997	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,790	13,141,138	13,638,928	0.340574	0.000000		54.00
54.01	03630	ULTRA SOUND	347,739	5,399,916	5,747,655	0.175884	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,133	1,710,242	1,711,375	0.109086	0.000000		54.02
57.00	05700	CT SCAN	1,328,601	30,034,331	31,362,932	0.053041	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	358,314	9,964,325	10,322,639	0.084910	0.000000		58.00
60.00	06000	LABORATORY	4,481,941	27,259,263	31,741,204	0.277774	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	230,881	471,879	702,760	0.546693	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	355,744	2,277,779	2,633,523	0.341475	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	4,678,949	3,759,275	8,438,224	0.396371	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	517,574	7,210,165	7,727,739	0.441324	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	437,144	2,846,639	3,283,783	0.246430	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	728,683	905,046	1,633,729	0.318910	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	743,572	5,337,919	6,081,491	0.064271	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,604,053	7,606,150	9,210,203	0.471589	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	624,833	7,639,317	8,264,150	0.806466	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,167,884	28,414,975	31,582,859	0.611550	0.000000		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	40,626	1,966,332	2,006,958	0.418587	0.000000		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	0.000000		76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	74	1,820,847	1,820,921	0.715506	0.000000		76.03
76.04	03610	SLEEP LAB	4,291	2,338,831	2,343,122	0.279407	0.000000		76.04
76.05	03480	ONCOLOGY	50,877	13,094,213	13,145,090	0.277472	0.000000		76.05
76.97	07697	CARDIAC REHABILITATION	0	253,803	253,803	1.888378	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	2,228,525	2,228,525				88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	570,472	570,472				88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,379,713	3,250,627	4,630,340				88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	861,871	861,871				88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	2,604,582	2,604,582				88.04
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0.000000	0.000000		90.01
90.02	09002	VEIN CENTER	0	1,512,010	1,512,010	0.167183	0.000000		90.02
90.03	09003	OBGYN	6,153	74,072	80,225	6.651630	0.000000		90.03
90.04	09004	NEUROSURGERY	102,114	229,689	331,803	0.485469	0.000000		90.04
90.05	09005	SURGICAL ASSOCIATES	66,781	414,132	480,913	1.995427	0.000000		90.05
91.00	09100	EMERGENCY	1,466,254	20,615,591	22,081,845	0.413669	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	79,247	5,048,837	5,128,084	0.644184	0.000000		92.00
93.00	04952	BEHAVIORAL HEALTH	661	250,278	250,939	2.476925	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	2,574,708	2,574,708				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	2,813,308	2,813,308				116.00
200.00		Subtotal (see instructions)	78,382,283	364,281,794	442,664,077				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	78,382,283	364,281,794	442,664,077				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.115280		50.00
51.00	05100 RECOVERY ROOM	0.140066		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.214647		52.00
53.00	05300 ANESTHESIOLOGY	0.014997		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.340574		54.00
54.01	03630 ULTRA SOUND	0.175884		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.109086		54.02
57.00	05700 CT SCAN	0.053041		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084910		58.00
60.00	06000 LABORATORY	0.279655		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.546693		63.00
64.00	06400 INTRAVENOUS THERAPY	0.341475		64.00
65.00	06500 RESPIRATORY THERAPY	0.396371		65.00
66.00	06600 PHYSICAL THERAPY	0.441324		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.246430		67.00
68.00	06800 SPEECH PATHOLOGY	0.318910		68.00
69.00	06900 ELECTROCARDIOLOGY	0.064529		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.611550		73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.418587		76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0.000000		76.01
76.02	03951 CASE MANAGEMENT	0.000000		76.02
76.03	03950 PAIN MANAGEMENT	0.716038		76.03
76.04	03610 SLEEP LAB	0.279407		76.04
76.05	03480 ONCOLOGY	0.277472		76.05
76.97	07697 CARDIAC REHABILITATION	1.888378		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC (RHC)			88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)			88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)			88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)			88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)			88.04
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PALLIATIVE HEALTH	0.000000		90.01
90.02	09002 VEIN CENTER	0.167183		90.02
90.03	09003 OBGYN	6.651630		90.03
90.04	09004 NEUROSURGERY	0.485469		90.04
90.05	09005 SURGICAL ASSOCIATES	1.997440		90.05
91.00	09100 EMERGENCY	0.413669		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.644184		92.00
93.00	04952 BEHAVIORAL HEALTH	2.476925		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	13,335,065		13,335,065	100,315	13,435,380	30.00
31.00	03100 INTENSIVE CARE UNIT	7,815,680		7,815,680	0	7,815,680	31.00
43.00	04300 NURSERY	2,875,813		2,875,813	0	2,875,813	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	15,997,804		15,997,804	0	15,997,804	50.00
51.00	05100 RECOVERY ROOM	1,471,987		1,471,987	0	1,471,987	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,729,354		2,729,354	0	2,729,354	52.00
53.00	05300 ANESTHESIOLOGY	133,141		133,141	0	133,141	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,645,064		4,645,064	0	4,645,064	54.00
54.01	03630 ULTRA SOUND	1,010,923		1,010,923	0	1,010,923	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	186,687		186,687	0	186,687	54.02
57.00	05700 CT SCAN	1,663,524		1,663,524	0	1,663,524	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	876,498		876,498	0	876,498	58.00
60.00	06000 LABORATORY	8,816,877		8,816,877	59,723	8,876,600	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	384,194		384,194	0	384,194	63.00
64.00	06400 INTRAVENOUS THERAPY	899,283		899,283	0	899,283	64.00
65.00	06500 RESPIRATORY THERAPY	3,344,671	0	3,344,671	0	3,344,671	65.00
66.00	06600 PHYSICAL THERAPY	3,410,439	0	3,410,439	0	3,410,439	66.00
67.00	06700 OCCUPATIONAL THERAPY	809,223	0	809,223	0	809,223	67.00
68.00	06800 SPEECH PATHOLOGY	521,012	0	521,012	0	521,012	68.00
69.00	06900 ELECTROCARDIOLOGY	390,866		390,866	1,564	392,430	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,343,432		4,343,432	0	4,343,432	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	6,664,760		6,664,760	0	6,664,760	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,314,484		19,314,484	0	19,314,484	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	840,087		840,087	0	840,087	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0		0	0	0	76.01
76.02	03951 CASE MANAGEMENT	0		0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	1,302,880		1,302,880	968	1,303,848	76.03
76.04	03610 SLEEP LAB	654,685		654,685	0	654,685	76.04
76.05	03480 ONCOLOGY	3,647,394		3,647,394	0	3,647,394	76.05
76.97	07697 CARDIAC REHABILITATION	479,276		479,276	0	479,276	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC (RHC)	3,058,593		3,058,593	0	3,058,593	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	607,819		607,819	0	607,819	88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	2,811,438		2,811,438	0	2,811,438	88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	783,764		783,764	0	783,764	88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	3,031,115		3,031,115	0	3,031,115	88.04
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0		0	0	0	90.01
90.02	09002 VEIN CENTER	252,783		252,783	0	252,783	90.02
90.03	09003 OBGYN	533,627		533,627	0	533,627	90.03
90.04	09004 NEUROSURGERY	161,080		161,080	0	161,080	90.04
90.05	09005 SURGICAL ASSOCIATES	959,627		959,627	968	960,595	90.05
91.00	09100 EMERGENCY	9,134,578		9,134,578	0	9,134,578	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,303,429		3,303,429	0	3,303,429	92.00
93.00	04952 BEHAVIORAL HEALTH	621,557		621,557	0	621,557	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	2,464,515		2,464,515		2,464,515	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,819,967		1,819,967		1,819,967	116.00
200.00	Subtotal (see instructions)	138,108,995	0	138,108,995	163,538	138,272,533	200.00
201.00	Less Observation Beds	3,303,429		3,303,429		3,303,429	201.00
202.00	Total (see instructions)	134,805,566	0	134,805,566	163,538	134,969,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 1:47 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,550,886		13,550,886			30.00
31.00	03100	INTENSIVE CARE UNIT	9,922,359		9,922,359			31.00
43.00	04300	NURSERY	8,512,499		8,512,499			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,728,390	129,044,588	138,772,978	0.115280	0.000000	50.00
51.00	05100	RECOVERY ROOM	585,613	9,923,619	10,509,232	0.140066	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,961,172	754,397	12,715,569	0.214647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	819,738	8,058,103	8,877,841	0.014997	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,790	13,141,138	13,638,928	0.340574	0.000000	54.00
54.01	03630	ULTRA SOUND	347,739	5,399,916	5,747,655	0.175884	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,133	1,710,242	1,711,375	0.109086	0.000000	54.02
57.00	05700	CT SCAN	1,328,601	30,034,331	31,362,932	0.053041	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	358,314	9,964,325	10,322,639	0.084910	0.000000	58.00
60.00	06000	LABORATORY	4,481,941	27,259,263	31,741,204	0.277774	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	230,881	471,879	702,760	0.546693	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	355,744	2,277,779	2,633,523	0.341475	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,678,949	3,759,275	8,438,224	0.396371	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	517,574	7,210,165	7,727,739	0.441324	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	437,144	2,846,639	3,283,783	0.246430	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	728,683	905,046	1,633,729	0.318910	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	743,572	5,337,919	6,081,491	0.064271	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,604,053	7,606,150	9,210,203	0.471589	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	624,833	7,639,317	8,264,150	0.806466	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,167,884	28,414,975	31,582,859	0.611550	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	40,626	1,966,332	2,006,958	0.418587	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	74	1,820,847	1,820,921	0.715506	0.000000	76.03
76.04	03610	SLEEP LAB	4,291	2,338,831	2,343,122	0.279407	0.000000	76.04
76.05	03480	ONCOLOGY	50,877	13,094,213	13,145,090	0.277472	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	253,803	253,803	1.888378	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	2,228,525	2,228,525	1.372474	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0	570,472	570,472	1.065467	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	1,379,713	3,250,627	4,630,340	0.607177	0.000000	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0	861,871	861,871	0.909375	0.000000	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0	2,604,582	2,604,582	1.163763	0.000000	88.04
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0.000000	0.000000	90.01
90.02	09002	VEIN CENTER	0	1,512,010	1,512,010	0.167183	0.000000	90.02
90.03	09003	OBGYN	6,153	74,072	80,225	6.651630	0.000000	90.03
90.04	09004	NEUROSURGERY	102,114	229,689	331,803	0.485469	0.000000	90.04
90.05	09005	SURGICAL ASSOCIATES	66,781	414,132	480,913	1.995427	0.000000	90.05
91.00	09100	EMERGENCY	1,466,254	20,615,591	22,081,845	0.413669	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	79,247	5,048,837	5,128,084	0.644184	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	661	250,278	250,939	2.476925	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	2,574,708	2,574,708			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,813,308	2,813,308			116.00
200.00		Subtotal (see instructions)	78,382,283	364,281,794	442,664,077			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	78,382,283	364,281,794	442,664,077			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 1:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	54.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0.000000	76.03
76.04	03610	SLEEP LAB	0.000000	76.04
76.05	03480	ONCOLOGY	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000	88.04
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	90.01
90.02	09002	VEIN CENTER	0.000000	90.02
90.03	09003	OBGYN	0.000000	90.03
90.04	09004	NEUROSURGERY	0.000000	90.04
90.05	09005	SURGICAL ASSOCIATES	0.000000	90.05
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part I Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,406,672	1,390	1,405,282	7,793	180.33	30.00
31.00	INTENSIVE CARE UNIT	686,860		686,860	2,453	280.01	31.00
43.00	NURSERY	162,973		162,973	1,955	83.36	43.00
200.00	Total (Lines 30 through 199)	2,256,505		2,255,115	12,201		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,574	283,839				
31.00	INTENSIVE CARE UNIT	494	138,325				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	2,068	422,164				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/25/2023 1:47 pm
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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)	Hospital 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	2,527,209	138,772,978	0.018211	2,998,486	54,605	50.00
51.00	05100 RECOVERY ROOM	137,537	10,509,232	0.013087	153,291	2,006	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	274,739	12,715,569	0.021607	824,568	17,816	52.00
53.00	05300 ANESTHESIOLOGY	35,253	8,877,841	0.003971	174,832	694	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	891,054	13,638,928	0.065332	224,870	14,691	54.00
54.01	03630 ULTRA SOUND	71,077	5,747,655	0.012366	78,382	969	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	72,632	1,711,375	0.042441	0	0	54.02
57.00	05700 CT SCAN	179,051	31,362,932	0.005709	768,360	4,387	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	329,802	10,322,639	0.031949	131,044	4,187	58.00
60.00	06000 LABORATORY	498,878	31,741,204	0.015717	1,006,740	15,823	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	16,963	702,760	0.024138	83,938	2,026	63.00
64.00	06400 INTRAVENOUS THERAPY	111,150	2,633,523	0.042206	99,295	4,191	64.00
65.00	06500 RESPIRATORY THERAPY	204,278	8,438,224	0.024209	1,594,768	38,608	65.00
66.00	06600 PHYSICAL THERAPY	365,575	7,727,739	0.047307	216,820	10,257	66.00
67.00	06700 OCCUPATIONAL THERAPY	15,702	3,283,783	0.004782	200,679	960	67.00
68.00	06800 SPEECH PATHOLOGY	17,632	1,633,729	0.010792	33,379	360	68.00
69.00	06900 ELECTROCARDIOLOGY	82,672	6,081,491	0.013594	305,458	4,152	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,008	9,210,203	0.014984	586,142	8,783	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	204,656	8,264,150	0.024764	215,316	5,332	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	581,772	31,582,859	0.018420	972,987	17,922	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	88,837	2,006,958	0.044265	5,703	252	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0	0	0.000000	0	0	76.01
76.02	03951 CASE MANAGEMENT	0	0	0.000000	0	0	76.02
76.03	03950 PAIN MANAGEMENT	192,140	1,820,921	0.105518	0	0	76.03
76.04	03610 SLEEP LAB	31,427	2,343,122	0.013412	1,354	18	76.04
76.05	03480 ONCOLOGY	559,728	13,145,090	0.042581	33,371	1,421	76.05
76.97	07697 CARDIAC REHABILITATION	69,759	253,803	0.274855	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	341,838	2,228,525	0.153392	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	56,779	570,472	0.099530	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	189,756	4,630,340	0.040981	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	44,954	861,871	0.052159	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	98,107	2,604,582	0.037667	0	0	88.04
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0	0	0.000000	0	0	90.01
90.02	09002 VEIN CENTER	5,970	1,512,010	0.003948	0	0	90.02
90.03	09003 OBGYN	73,794	80,225	0.919838	200	184	90.03
90.04	09004 NEUROSURGERY	2,864	331,803	0.008632	0	0	90.04
90.05	09005 SURGICAL ASSOCIATES	172,918	480,913	0.359562	0	0	90.05
91.00	09100 EMERGENCY	531,363	22,081,845	0.024063	470,761	11,328	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	345,866	5,128,084	0.067445	18,182	1,226	92.00
93.00	04952 BEHAVIORAL HEALTH	46,877	250,939	0.186806	0	0	93.00
200.00	Total (lines 50 through 199)	9,608,617	405,290,317		11,198,926	222,198	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 1:47 pm
Title XVIII		Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	7,793	0.00	1,574	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,453	0.00	494	31.00	
43.00	04300	NURSERY		0	1,955	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	12,201		2,068	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:47 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	0	0	0	0	76.00
76.01 03953 OTHER ANCILLARY CMS LINE	0	0	0	0	0	0	76.01
76.02 03951 CASE MANAGEMENT	0	0	0	0	0	0	76.02
76.03 03950 PAIN MANAGEMENT	0	0	0	0	0	0	76.03
76.04 03610 SLEEP LAB	0	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	0	76.05
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.00
88.01 08801 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.01
88.02 08802 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.02
88.03 08803 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.03
88.04 08804 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	0	88.04
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 PALLIATIVE HEALTH	0	0	0	0	0	0	90.01
90.02 09002 VEIN CENTER	0	0	0	0	0	0	90.02
90.03 09003 OBGYN	0	0	0	0	0	0	90.03
90.04 09004 NEUROSURGERY	0	0	0	0	0	0	90.04
90.05 09005 SURGICAL ASSOCIATES	0	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 04952 BEHAVIORAL HEALTH	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:47 pm
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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)	PPS		
					Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	138,772,978	0.000000	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	10,509,232	0.000000	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	12,715,569	0.000000	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	8,877,841	0.000000	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	13,638,928	0.000000	54.00	
54.01 03630 ULTRA SOUND	0	0	0	5,747,655	0.000000	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,711,375	0.000000	54.02	
57.00 05700 CT SCAN	0	0	0	31,362,932	0.000000	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,322,639	0.000000	58.00	
60.00 06000 LABORATORY	0	0	0	31,741,204	0.000000	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	702,760	0.000000	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,633,523	0.000000	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,438,224	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	7,727,739	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,283,783	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,633,729	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,081,491	0.000000	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,210,203	0.000000	71.00	
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	8,264,150	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	31,582,859	0.000000	73.00	
76.00 03952 WOUND CARE (DIABETES CENTER)	0	0	0	2,006,958	0.000000	76.00	
76.01 03953 OTHER ANCILLARY CMS LINE	0	0	0	0	0.000000	76.01	
76.02 03951 CASE MANAGEMENT	0	0	0	0	0.000000	76.02	
76.03 03950 PAIN MANAGEMENT	0	0	0	1,820,921	0.000000	76.03	
76.04 03610 SLEEP LAB	0	0	0	2,343,122	0.000000	76.04	
76.05 03480 ONCOLOGY	0	0	0	13,145,090	0.000000	76.05	
76.97 07697 CARDIAC REHABILITATION	0	0	0	253,803	0.000000	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC (RHC)	0	0	0	2,228,525	0.000000	88.00	
88.01 08801 RURAL HEALTH CLINIC (RHC)	0	0	0	570,472	0.000000	88.01	
88.02 08802 RURAL HEALTH CLINIC (RHC)	0	0	0	4,630,340	0.000000	88.02	
88.03 08803 RURAL HEALTH CLINIC (RHC)	0	0	0	861,871	0.000000	88.03	
88.04 08804 RURAL HEALTH CLINIC (RHC)	0	0	0	2,604,582	0.000000	88.04	
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00	
90.01 09001 PALLIATIVE HEALTH	0	0	0	0	0.000000	90.01	
90.02 09002 VEIN CENTER	0	0	0	1,512,010	0.000000	90.02	
90.03 09003 OBGYN	0	0	0	80,225	0.000000	90.03	
90.04 09004 NEUROSURGERY	0	0	0	331,803	0.000000	90.04	
90.05 09005 SURGICAL ASSOCIATES	0	0	0	480,913	0.000000	90.05	
91.00 09100 EMERGENCY	0	0	0	22,081,845	0.000000	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,128,084	0.000000	92.00	
93.00 04952 BEHAVIORAL HEALTH	0	0	0	250,939	0.000000	93.00	
200.00 Total (lines 50 through 199)	0	0	0	405,290,317		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 1:47 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	2,998,486	0	913,383	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	153,291	0	1,698,950	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	824,568	0	1,172	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	174,832	0	1,174,881	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	224,870	0	1,698,652	0	54.00
54.01	03630 ULTRA SOUND	0.000000	78,382	0	915,325	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	390,079	0	54.02
57.00	05700 CT SCAN	0.000000	768,360	0	5,636,793	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	131,044	0	1,998,694	0	58.00
60.00	06000 LABORATORY	0.000000	1,006,740	0	22,119,758	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	83,938	0	129,531	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	99,295	0	418,648	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,594,768	0	513,396	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	216,820	0	34,012	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	200,679	0	92,718	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	33,379	0	10,947	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	305,458	0	895,957	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	586,142	0	1,235,793	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	215,316	0	1,647,381	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	972,987	0	7,218,508	0	73.00
76.00	03952 WOUND CARE (DIABETES CENTER)	0.000000	5,703	0	538,416	0	76.00
76.01	03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951 CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	0.000000	0	0	288,344	0	76.03
76.04	03610 SLEEP LAB	0.000000	1,354	0	391,442	0	76.04
76.05	03480 ONCOLOGY	0.000000	33,371	0	3,792,819	0	76.05
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	68,245	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.00
88.01	08801 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.01
88.02	08802 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.02
88.03	08803 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.03
88.04	08804 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.04
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PALLIATIVE HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 VEIN CENTER	0.000000	0	0	409,027	0	90.02
90.03	09003 OBGYN	0.000000	200	0	44,981	0	90.03
90.04	09004 NEUROSURGERY	0.000000	0	0	117,441	0	90.04
90.05	09005 SURGICAL ASSOCIATES	0.000000	0	0	119,209	0	90.05
91.00	09100 EMERGENCY	0.000000	470,761	0	2,653,864	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	18,182	0	953,411	0	92.00
93.00	04952 BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		11,198,926	0	58,121,777	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.115280	913,383	0	0	105,295	50.00
51.00	05100	RECOVERY ROOM	0.140066	1,698,950	0	0	237,965	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214647	1,172	0	0	252	52.00
53.00	05300	ANESTHESIOLOGY	0.014997	1,174,881	0	0	17,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340574	1,698,652	0	0	578,517	54.00
54.01	03630	ULTRA SOUND	0.175884	915,325	0	0	160,991	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	390,079	0	0	42,552	54.02
57.00	05700	CT SCAN	0.053041	5,636,793	0	0	298,981	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084910	1,998,694	0	0	169,709	58.00
60.00	06000	LABORATORY	0.277774	22,119,758	0	0	6,144,294	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.546693	129,531	0	0	70,814	63.00
64.00	06400	INTRAVENOUS THERAPY	0.341475	418,648	0	0	142,958	64.00
65.00	06500	RESPIRATORY THERAPY	0.396371	513,396	0	0	203,495	65.00
66.00	06600	PHYSICAL THERAPY	0.441324	34,012	0	0	15,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246430	92,718	0	0	22,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.318910	10,947	0	0	3,491	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064271	895,957	0	0	57,584	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	1,235,793	0	0	582,786	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	1,647,381	0	0	1,328,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.611550	7,218,508	0	4,533	4,414,479	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.418587	538,416	0	0	225,374	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.715506	288,344	0	0	206,312	76.03
76.04	03610	SLEEP LAB	0.279407	391,442	0	0	109,372	76.04
76.05	03480	ONCOLOGY	0.277472	3,792,819	0	0	1,052,401	76.05
76.97	07697	CARDIAC REHABILITATION	1.888378	68,245	0	0	128,872	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC (RHC)						88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)						88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)						88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)						88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)						88.04
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0.167183	409,027	0	0	68,382	90.02
90.03	09003	OBGYN	6.651630	44,981	0	0	299,197	90.03
90.04	09004	NEUROSURGERY	0.485469	117,441	0	0	57,014	90.04
90.05	09005	SURGICAL ASSOCIATES	1.995427	119,209	0	0	237,873	90.05
91.00	09100	EMERGENCY	0.413669	2,653,864	0	0	1,097,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	953,411	0	0	614,172	92.00
93.00	04952	BEHAVIORAL HEALTH	2.476925	0	0	0	0	93.00
200.00		Subtotal (see instructions)		58,121,777	0	4,533	18,694,988	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		58,121,777	0	4,533	18,694,988	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/25/2023 1:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03630	ULTRA SOUND	0	0			54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0			54.02
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
60.00	06000	LABORATORY	0	0			60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,772			73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0			76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0			76.01
76.02	03951	CASE MANAGEMENT	0	0			76.02
76.03	03950	PAIN MANAGEMENT	0	0			76.03
76.04	03610	SLEEP LAB	0	0			76.04
76.05	03480	ONCOLOGY	0	0			76.05
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC (RHC)					88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)					88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)					88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)					88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)					88.04
90.00	09000	CLINIC	0	0			90.00
90.01	09001	PALLIATIVE HEALTH	0	0			90.01
90.02	09002	VEIN CENTER	0	0			90.02
90.03	09003	OBGYN	0	0			90.03
90.04	09004	NEUROSURGERY	0	0			90.04
90.05	09005	SURGICAL ASSOCIATES	0	0			90.05
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	04952	BEHAVIORAL HEALTH	0	0			93.00
200.00		Subtotal (see instructions)	0	2,772			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	0	2,772			202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:47 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.115280	0	0	1,779,795	0
51.00 05100 RECOVERY ROOM	0.140066	0	0	179,605	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.214647	0	0	34,470	0
53.00 05300 ANESTHESIOLOGY	0.014997	0	0	190,910	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.340574	0	0	163,047	0
54.01 03630 ULTRA SOUND	0.175884	0	0	88,049	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	0	0	15,951	0
57.00 05700 CT SCAN	0.053041	0	0	452,491	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084910	0	0	137,491	0
60.00 06000 LABORATORY	0.277774	0	0	471,637	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.546693	0	0	5,077	0
64.00 06400 INTRAVENOUS THERAPY	0.341475	0	0	19,855	0
65.00 06500 RESPIRATORY THERAPY	0.396371	0	0	51,357	0
66.00 06600 PHYSICAL THERAPY	0.441324	0	0	83,707	0
67.00 06700 OCCUPATIONAL THERAPY	0.246430	0	0	37,384	0
68.00 06800 SPEECH PATHOLOGY	0.318910	0	0	33,683	0
69.00 06900 ELECTROCARDIOLOGY	0.064271	0	0	70,400	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	0	0	169,727	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.611550	0	0	204,260	0
76.00 03952 WOUND CARE (DIABETES CENTER)	0.418587	0	0	30,647	0
76.01 03953 OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0
76.02 03951 CASE MANAGEMENT	0.000000	0	0	0	0
76.03 03950 PAIN MANAGEMENT	0.715506	0	0	20,701	0
76.04 03610 SLEEP LAB	0.279407	0	0	28,857	0
76.05 03480 ONCOLOGY	0.277472	0	0	119,376	0
76.97 07697 CARDIAC REHABILITATION	1.888378	0	0	608	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC (RHC)					88.00
88.01 08801 RURAL HEALTH CLINIC (RHC)					88.01
88.02 08802 RURAL HEALTH CLINIC (RHC)					88.02
88.03 08803 RURAL HEALTH CLINIC (RHC)					88.03
88.04 08804 RURAL HEALTH CLINIC (RHC)					88.04
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 PALLIATIVE HEALTH	0.000000	0	0	0	0
90.02 09002 VEIN CENTER	0.167183	0	0	24,056	0
90.03 09003 OBGYN	6.651630	0	0	14,143	0
90.04 09004 NEUROSURGERY	0.485469	0	0	5,689	0
90.05 09005 SURGICAL ASSOCIATES	1.995427	0	0	7,850	0
91.00 09100 EMERGENCY	0.413669	0	0	567,861	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	0	0	0	0
93.00 04952 BEHAVIORAL HEALTH	2.476925	0	0	72	0
200.00	Subtotal (see instructions)	0	0	5,008,756	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)	0	0	5,008,756	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 1:47 pm	
		Title XIX	Hospital	Cost	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	205,175	50.00
51.00	05100	RECOVERY ROOM	0	25,157	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,399	52.00
53.00	05300	ANESTHESIOLOGY	0	2,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,530	54.00
54.01	03630	ULTRA SOUND	0	15,486	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,740	54.02
57.00	05700	CT SCAN	0	24,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,674	58.00
60.00	06000	LABORATORY	0	131,008	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,776	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,780	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,356	65.00
66.00	06600	PHYSICAL THERAPY	0	36,942	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,213	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,742	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,525	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,041	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	124,915	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	12,828	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	14,812	76.03
76.04	03610	SLEEP LAB	0	8,063	76.04
76.05	03480	ONCOLOGY	0	33,123	76.05
76.97	07697	CARDIAC REHABILITATION	0	1,148	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)			88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)			88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)			88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)			88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)			88.04
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	90.01
90.02	09002	VEIN CENTER	0	4,022	90.02
90.03	09003	OBGYN	0	94,074	90.03
90.04	09004	NEUROSURGERY	0	2,762	90.04
90.05	09005	SURGICAL ASSOCIATES	0	15,664	90.05
91.00	09100	EMERGENCY	0	234,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	178	93.00
200.00		Subtotal (see instructions)	0	1,197,903	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,197,903	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,793	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)		5,875	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		53	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,574	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)		21	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		250.38	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		250.38	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		250.44	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		250.44	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,435,380	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)		13,270	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)		13,270	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,422,110	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,422,110	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,722.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,710,947	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)		2,710,947	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,815,680	2,453	3,186.17	494	1,573,968	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,122,854	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					7,407,769	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					422,164	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					222,198	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					644,362	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					6,763,407	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					5,258	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					5,258	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,918	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,722.33	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm	
Title XVIII		Hospital		PPS			
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,303,429	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,406,672	13,435,380	0.104699	3,303,429	345,866	90.00
91.00	Nursing Program cost	0	13,435,380	0.000000	3,303,429	0	91.00
92.00	Allied health cost	0	13,435,380	0.000000	3,303,429	0	92.00
93.00	All other Medical Education	0	13,435,380	0.000000	3,303,429	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,846 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,793 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)			5,875 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			53 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,700 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)			1,955 15.00
16.00	Nursery days (title V or XIX only)			1,259 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			250.38 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			250.38 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			250.44 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			250.44 20.00
21.00	Total general inpatient routine service cost (see instructions)			13,335,065 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)			13,270 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)			13,270 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			13,321,795 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			13,321,795 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,709.46 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,906,082 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)			2,906,082 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm	
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,875,813	1,955	1,471.00	1,259	1,851,989	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,815,680	2,453	3,186.17	253	806,101	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,201,550	48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					6,765,722	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only): for CAH, see instructions					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,918	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,709.46	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0065		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		Title XIX		Hospital		Cost	
Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,278,744	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,406,672	13,335,065	0.105487	3,278,744	345,865	90.00
91.00	Nursing Program cost	0	13,335,065	0.000000	3,278,744	0	91.00
92.00	Allied health cost	0	13,335,065	0.000000	3,278,744	0	92.00
93.00	All other Medical Education	0	13,335,065	0.000000	3,278,744	0	93.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,132,785	30.00
31.00	03100	INTENSIVE CARE UNIT		2,850,616	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115280	2,998,486	345,665 50.00
51.00	05100	RECOVERY ROOM	0.140066	153,291	21,471 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214647	824,568	176,991 52.00
53.00	05300	ANESTHESIOLOGY	0.014997	174,832	2,622 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340574	224,870	76,585 54.00
54.01	03630	ULTRA SOUND	0.175884	78,382	13,786 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	0	0 54.02
57.00	05700	CT SCAN	0.053041	768,360	40,755 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084910	131,044	11,127 58.00
60.00	06000	LABORATORY	0.279655	1,006,740	281,540 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.546693	83,938	45,888 63.00
64.00	06400	INTRAVENOUS THERAPY	0.341475	99,295	33,907 64.00
65.00	06500	RESPIRATORY THERAPY	0.396371	1,594,768	632,120 65.00
66.00	06600	PHYSICAL THERAPY	0.441324	216,820	95,688 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246430	200,679	49,453 67.00
68.00	06800	SPEECH PATHOLOGY	0.318910	33,379	10,645 68.00
69.00	06900	ELECTROCARDIOLOGY	0.064529	305,458	19,711 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	586,142	276,418 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	215,316	173,645 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.611550	972,987	595,030 73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.418587	5,703	2,387 76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0 76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0 76.02
76.03	03950	PAIN MANAGEMENT	0.716038	0	0 76.03
76.04	03610	SLEEP LAB	0.279407	1,354	378 76.04
76.05	03480	ONCOLOGY	0.277472	33,371	9,260 76.05
76.97	07697	CARDIAC REHABILITATION	1.888378	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.04
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0 90.01
90.02	09002	VEIN CENTER	0.167183	0	0 90.02
90.03	09003	OBGYN	6.651630	200	1,330 90.03
90.04	09004	NEUROSURGERY	0.485469	0	0 90.04
90.05	09005	SURGICAL ASSOCIATES	1.997440	0	0 90.05
91.00	09100	EMERGENCY	0.413669	470,761	194,739 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	18,182	11,713 92.00
93.00	04952	BEHAVIORAL HEALTH	2.476925	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,198,926	3,122,854 200.00
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)		11,198,926	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet D-3	
		Component CCN: 15-U065	To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115280	0	50.00
51.00	05100	RECOVERY ROOM	0.140066	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214647	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014997	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340574	0	54.00
54.01	03630	ULTRA SOUND	0.175884	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	0	54.02
57.00	05700	CT SCAN	0.053041	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084910	0	58.00
60.00	06000	LABORATORY	0.279655	3,164	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.546693	844	63.00
64.00	06400	INTRAVENOUS THERAPY	0.341475	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.396371	1,815	65.00
66.00	06600	PHYSICAL THERAPY	0.441324	6,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246430	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.318910	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064529	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	471	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.611550	3,241	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.418587	22	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.716038	0	76.03
76.04	03610	SLEEP LAB	0.279407	0	76.04
76.05	03480	ONCOLOGY	0.277472	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.888378	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	0.000000		88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.000000		88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.000000		88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	0.000000		88.04
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	90.01
90.02	09002	VEIN CENTER	0.167183	0	90.02
90.03	09003	OBGYN	6.651630	0	90.03
90.04	09004	NEUROSURGERY	0.485469	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.997440	0	90.05
91.00	09100	EMERGENCY	0.413669	138	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.476925	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,109	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		16,109	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 1:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,240,600	30.00
31.00	03100	INTENSIVE CARE UNIT		598,421	31.00
43.00	04300	NURSERY		2,253,404	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115280	764,396	50.00
51.00	05100	RECOVERY ROOM	0.140066	50,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214647	2,161,018	52.00
53.00	05300	ANESTHESIOLOGY	0.014997	211,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340574	35,264	54.00
54.01	03630	ULTRA SOUND	0.175884	34,389	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	0	54.02
57.00	05700	CT SCAN	0.053041	90,290	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084910	21,409	58.00
60.00	06000	LABORATORY	0.277774	611,788	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.546693	18,876	63.00
64.00	06400	INTRAVENOUS THERAPY	0.341475	17,745	64.00
65.00	06500	RESPIRATORY THERAPY	0.396371	265,953	65.00
66.00	06600	PHYSICAL THERAPY	0.441324	27,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246430	17,785	67.00
68.00	06800	SPEECH PATHOLOGY	0.318910	18,146	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064271	57,719	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	123,649	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.611550	278,714	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.418587	3,074	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.715506	0	76.03
76.04	03610	SLEEP LAB	0.279407	0	76.04
76.05	03480	ONCOLOGY	0.277472	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.888378	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)	1.372474	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1.065467	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.607177	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.909375	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	1.163763	0	88.04
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	90.01
90.02	09002	VEIN CENTER	0.167183	0	90.02
90.03	09003	OBGYN	6.651630	4,899	90.03
90.04	09004	NEUROSURGERY	0.485469	1,141	90.04
90.05	09005	SURGICAL ASSOCIATES	1.995427	602	90.05
91.00	09100	EMERGENCY	0.413669	78,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.476925	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,895,578	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,895,578	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet D-3	
		Component CCN: 15-U065	To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm	
		Title XIX	Swing Beds - NF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115280	0	50.00
51.00	05100	RECOVERY ROOM	0.140066	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.214647	0	52.00
53.00	05300	ANESTHESIOLOGY	0.014997	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340574	0	54.00
54.01	03630	ULTRA SOUND	0.175884	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.109086	0	54.02
57.00	05700	CT SCAN	0.053041	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084910	0	58.00
60.00	06000	LABORATORY	0.277774	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.546693	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.341475	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.396371	0	65.00
66.00	06600	PHYSICAL THERAPY	0.441324	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.246430	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.318910	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.064271	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471589	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.806466	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.611550	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.418587	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0.715506	0	76.03
76.04	03610	SLEEP LAB	0.279407	0	76.04
76.05	03480	ONCOLOGY	0.277472	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.888378	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC (RHC)	1.372474	0	88.00
88.01	08801	RURAL HEALTH CLINIC (RHC)	1.065467	0	88.01
88.02	08802	RURAL HEALTH CLINIC (RHC)	0.607177	0	88.02
88.03	08803	RURAL HEALTH CLINIC (RHC)	0.909375	0	88.03
88.04	08804	RURAL HEALTH CLINIC (RHC)	1.163763	0	88.04
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	90.01
90.02	09002	VEIN CENTER	0.167183	0	90.02
90.03	09003	OBGYN	6.651630	0	90.03
90.04	09004	NEUROSURGERY	0.485469	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.995427	0	90.05
91.00	09100	EMERGENCY	0.413669	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644184	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.476925	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			3,289,859 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			1,232,412 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)			
2.01	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)			99,391 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			9,458 2.04
3.00	Managed Care Simulated Payments			3,706,770 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			54.60 4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)			0.00 5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00 6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00 7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00 8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program (see instructions)			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0 22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment ( sum of lines 22 and 28)			0 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0 29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.43 30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.98 31.00
32.00	Sum of lines 30 and 31			39.41 32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.00 33.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
				1.00
34.00	Disproportionate share adjustment (see instructions)			135,668 34.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Payment Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	1,139,158	1,161,201	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	852,028	292,687	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	1,144,715		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	5,911,503		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		5,911,503	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		358,240	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		0	53.00
54.00	Special add-on payments for new technologies		73,007	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		6,342,750	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		6,342,750	61.00
62.00	Deductibles billed to program beneficiaries		533,420	62.00
63.00	Coinurance billed to program beneficiaries		0	63.00
64.00	Allowable bad debts (see instructions)		90,228	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		58,648	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,885	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		5,867,978	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		0	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2022	585,345	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2023	219,062	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)		6,672,385	71.00
71.01	Sequestration adjustment (see instructions)		84,072	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	71.03
72.00	Interim payments		5,787,410	72.00
72.01	Interim payments-PARHM or CHART		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		800,903	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		143,977	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,289,859	0	3,289,859	3,289,859	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,232,412	0	1,232,412	1,232,412	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	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	99,391	0	99,391	99,391	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	9,458	0	9,458	9,458	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	3,706,770	0	3,706,770	3,706,770	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	135,668	0	98,696	36,972	11.00	
11.01	Uncompensated care payments	36.00	1,144,715	0	852,028	292,687	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	5,911,503	0	4,339,974	1,571,529	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,911,503	0	4,339,974	1,571,529	15.00	



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0065

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	358,240	0	264,090	94,150	358,240	16.00
17.00	Special add-on payments for new technologies	54.00	73,007	0	73,007	0	73,007	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	4,677,071	1,665,679	6,342,750	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	337,477	0	245,603	91,874	337,477	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	20,763	0	18,487	2,276	20,763	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	358,240	0	264,090	94,150	358,240	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				0.125152	0.131515		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			585,345		585,345	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				219,062	219,062	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: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 1:47 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,289,859	3,289,859		3,289,859	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,232,412		1,232,412	1,232,412	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	99,391	99,391		99,391	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	9,458		9,458	9,458	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	3,706,770	0	0	0	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	135,668	98,696	36,972	135,668	11.00	
11.01	Uncompensated care payments	36.00	1,144,715	852,028	292,687	1,144,715	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	5,911,503	4,339,974	1,571,529	5,911,503	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,911,503	4,339,974	1,571,529	5,911,503	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	358,240	264,090	94,150	358,240	16.00	
17.00	Special add-on payments for new technologies	54.00	73,007	73,007	0	73,007	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	<b>SUBTOTAL</b>			<b>4,677,071</b>	<b>1,665,679</b>	<b>6,342,750</b>	<b>19.00</b>	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2023 1:47 pm
Title XVIII		Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	337,477	245,603	91,874	337,477	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	20,763	18,487	2,276	20,763	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	358,240	264,090	94,150	358,240	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	585,345	585,345		585,345	27.00
28.00	Low volume adjustment prior to October 1	70.96					28.00
29.00	Low volume adjustment on or after October 1	70.97	219,062		219,062	219,062	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	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: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,772	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		18,694,988	2.00
3.00	OPPS payments		14,296,868	3.00
4.00	Outlier payment (see instructions)		117,057	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,772	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		4,533	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)		4,533	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,533	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,761	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)		2,772	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)		14,413,925	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,615,434	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)		11,801,263	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)		11,801,263	30.00
31.00	Primary payer payments		10,739	31.00
32.00	Subtotal (line 30 minus line 31)		11,790,524	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		107,653	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		69,974	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		58,913	36.00
37.00	Subtotal (see instructions)		11,860,498	37.00
38.00	MSP-LCC reconciliation amount from PS&R		554	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,859,944	40.00
40.01	Sequestration adjustment (see instructions)		149,435	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments		11,636,099	41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		74,410	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,304,136	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days		0200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		5,787,410		11,636,099	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)		5,787,410		11,636,099	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		800,903		74,410	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		6,588,313		11,710,509	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065  
Component CCN: 15-U065

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Title XVIII Swing Beds - SNF 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		6,729		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,729		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,729		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/25/2023 1:47 pm	
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	8,228	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	0	0	3.00
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	21	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	8,228	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	8,228	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	8,228	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	1,362	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	6,866	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	6,866	0	19.00
19.01	Sequestration adjustment (see instructions)	137	0	19.01
19.02	Demonstration payment adjustment amount after sequestration	0	0	19.02
19.03	Sequestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0	0	19.25
20.00	Interim payments	6,729	0	20.00
20.01	Interim payments-PARHM or CHART			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM or CHART (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	0	0	22.00
22.01	Balance due provider/program-PARHM or CHART (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
<b>Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement</b>				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E-2
		Component CCN: 15-U065	Date/Time Prepared: 5/25/2023 1:47 pm	
		Title XIX	Swing Beds - NF	Cost
		Part A	Part B	
		1.00	2.00	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	0		3.00
3.01	Nursing and allied health payment-PARHM or CHART (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (see instructions)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration	0		16.99
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
19.02	Demonstration payment adjustment amount after sequestration)	0		19.02
19.03	Sequestration adjustment-PARHM or CHART pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0		19.25
20.00	Interim payments	0		20.00
20.01	Interim payments-PARHM or CHART			20.01
21.00	Tentative settlement (for contractor use only)	0		21.00
21.01	Tentative settlement-PARHM or CHART (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	0		22.00
22.01	Balance due provider/program-PARHM or CHART (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
<b>Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement</b>				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 1:47 pm
Title XVIII			PPS	
			1.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0065

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

Worksheet G  
Date/Time Prepared:  
5/25/2023 1:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	85,135,374	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	75,913,194	0	0	0	4.00
5.00	Other receivable	13,227,519	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-59,791,541	0	0	0	6.00
7.00	Inventory	5,604,036	0	0	0	7.00
8.00	Prepaid expenses	2,200,037	0	0	0	8.00
9.00	Other current assets	52,610,594	0	0	0	9.00
10.00	Due from other funds	-531,400	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	182,367,813	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	11,751,025	0	0	0	12.00
13.00	Land improvements	4,929,504	0	0	0	13.00
14.00	Accumulated depreciation	-3,447,110	0	0	0	14.00
15.00	Buildings	152,897,869	0	0	0	15.00
16.00	Accumulated depreciation	-71,493,505	0	0	0	16.00
17.00	Leasehold improvements	6,150,745	0	0	0	17.00
18.00	Accumulated depreciation	-94,659	0	0	0	18.00
19.00	Fixed equipment	8,726,103	0	0	0	19.00
20.00	Accumulated depreciation	-5,707,888	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	63,525,086	0	0	0	23.00
24.00	Accumulated depreciation	-48,419,155	0	0	0	24.00
25.00	Minor equipment depreciable	4,539,989	0	0	0	25.00
26.00	Accumulated depreciation	-4,260,894	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)	119,097,110	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	8,680,502	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	180,341,241	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	189,021,743	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	490,486,666	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,611,467	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,354,825	0	0	0	38.00
39.00	Payroll taxes payable	17,967	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,082	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,985,341	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,433,986	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,585,634	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	38,019,620	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,004,961	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	427,481,705				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)	427,481,705	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	490,486,666	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0065

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

Worksheet G-1

Date/Time Prepared:  
5/25/2023 1:47 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		445,607,947		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-18,126,242				2.00
3.00	Total (sum of line 1 and line 2)		427,481,705		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)		427,481,705		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		427,481,705		0		19.00

  

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0065

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2023 1:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	13,502,429		13,502,429	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,502,429		13,502,429	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	10,129,759		10,129,759	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,129,759		10,129,759	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,632,188		23,632,188	17.00
18.00	Ancillary services	52,903,170	366,601,409	419,504,579	18.00
19.00	Outpatient services	7,200,430	42,687,431	49,887,861	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	0	0	20.00
20.01	RURAL HEALTH CLINIC (RHC)	0	0	0	20.01
20.02	RURAL HEALTH CLINIC (RHC)	0	0	0	20.02
20.03	RURAL HEALTH CLINIC (RHC)	0	0	0	20.03
20.04	RURAL HEALTH CLINIC (RHC)	0	0	0	20.04
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,574,708	2,574,708	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,813,308	2,813,308	26.00
27.00	OTHER OUTPATIENT	8,314	1,772,985	1,781,299	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	83,744,102	416,449,841	500,193,943	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,796,023		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)		185,796,023		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet G-3 Date/Time Prepared: 5/25/2023 1:47 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	500,193,943	1.00
2.00	Less contractual allowances and discounts on patients' accounts	315,960,129	2.00
3.00	Net patient revenues (line 1 minus line 2)	184,233,814	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,796,023	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,562,209	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	225,564	6.00
7.00	Income from investments	-18,816,357	7.00
8.00	Revenues from telephone and other miscellaneous communication services	2,292	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	75,275	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	434,745	14.00
15.00	Revenue from rental of living quarters	627,606	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	196,812	17.00
18.00	Revenue from sale of medical records and abstracts	23,374	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,600	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,413	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	104,032	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	403,300	24.00
24.01	GRANT REVENUE	449,689	24.01
24.02	MISCELLANEOUS INCOME	-214,818	24.02
24.03	UNREALIZED GAIN/LOSS	-62,234	24.03
24.50	COVID-19 PHE Funding	-18,326	24.50
25.00	Total other income (sum of lines 6-24)	-16,564,033	25.00
26.00	Total (line 5 plus line 25)	-18,126,242	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)	-18,126,242	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet H

HHA CCN: 15-7155

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	247,371	0	1,028	12,138	101,506	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	676,485	0	0	0	676,485	6.00
7.00	Physical Therapy	343,275	0	0	0	343,275	7.00
8.00	Occupational Therapy	212,613	0	0	0	212,613	8.00
9.00	Speech Pathology	14,936	0	0	0	14,936	9.00
10.00	Medical Social Services	188	0	0	0	188	10.00
11.00	Home Health Aide	45,966	0	0	0	45,966	11.00
12.00	Supplies (see instructions)	0	0	0	12,389	12,389	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,540,834	0	1,028	12,138	113,895	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	362,043	-167,669	194,374		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	676,485	0	676,485		6.00
7.00	Physical Therapy	0	343,275	0	343,275		7.00
8.00	Occupational Therapy	0	212,613	0	212,613		8.00
9.00	Speech Pathology	0	14,936	0	14,936		9.00
10.00	Medical Social Services	0	188	187	375		10.00
11.00	Home Health Aide	0	45,966	0	45,966		11.00
12.00	Supplies (see instructions)	0	12,389	0	12,389		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	0	1,667,895	-167,482	1,500,413		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/25/2023 1:47 pm



COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet H-1 Part I
		HHA CCN: 15-7155	To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		0	1.00					2.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	194,374	0	0	0	194,374	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	676,485	0	0	0	676,485	6.00	
7.00	Physical Therapy	343,275	0	0	0	343,275	7.00	
8.00	Occupational Therapy	212,613	0	0	0	212,613	8.00	
9.00	Speech Pathology	14,936	0	0	0	14,936	9.00	
10.00	Medical Social Services	375	0	0	0	375	10.00	
11.00	Home Health Aide	45,966	0	0	0	45,966	11.00	
12.00	Supplies (see instructions)	12,389	0	0	0	12,389	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,500,413	0	0	0	1,500,413	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					

<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	194,374					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	100,678	777,163				6.00
7.00	Physical Therapy	51,089	394,364				7.00
8.00	Occupational Therapy	31,643	244,256				8.00
9.00	Speech Pathology	2,223	17,159				9.00
10.00	Medical Social Services	56	431				10.00
11.00	Home Health Aide	6,841	52,807				11.00
12.00	Supplies (see instructions)	1,844	14,233				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,500,413				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet H-1

HHA CCN: 15-7155

To 12/31/2022

Part II  
Date/Time Prepared:  
5/25/2023 1:47 pm

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-194,374	1,306,039
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	676,485
7.00	Physical Therapy	0	0	0	0	0	343,275
8.00	Occupational Therapy	0	0	0	0	0	212,613
9.00	Speech Pathology	0	0	0	0	0	14,936
10.00	Medical Social Services	0	0	0	0	0	375
11.00	Home Health Aide	0	0	0	0	0	45,966
12.00	Supplies (see instructions)	0	0	0	0	0	12,389
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-194,374	1,306,039
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	194,374
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.148827

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2022

Part I  
Date/Time Prepared: 5/25/2023 1:47 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	30,851	535	87,552	118,938	18,836	1.00
2.00 Skilled Nursing Care	777,163	0	0	239,428	1,016,591	160,999	2.00
3.00 Physical Therapy	394,364	0	0	121,495	515,859	81,697	3.00
4.00 Occupational Therapy	244,256	0	0	75,250	319,506	50,600	4.00
5.00 Speech Pathology	17,159	0	0	5,286	22,445	3,555	5.00
6.00 Medical Social Services	431	0	0	66	497	79	6.00
7.00 Home Health Aide	52,807	0	0	16,269	69,076	10,940	7.00
8.00 Supplies (see instructions)	14,233	0	0	0	14,233	2,254	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)	1,500,413	30,851	535	545,346	2,077,145	328,960	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	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	35,177	0	11,310	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)	35,177	0	11,310	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: 15-0065

Period: From 01/01/2022

Worksheet H-2

HHA CCN: 15-7155

To 12/31/2022

Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Home Health  
Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	11,923	0	0	196,184	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,177,590	2.00
3.00 Physical Therapy	0	0	0	0	0	597,556	3.00
4.00 Occupational Therapy	0	0	0	0	0	370,106	4.00
5.00 Speech Pathology	0	0	0	0	0	26,000	5.00
6.00 Medical Social Services	0	0	0	0	0	576	6.00
7.00 Home Health Aide	0	0	0	0	0	80,016	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	16,487	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	11,923	0	0	2,464,515	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	196,184					1.00
2.00 Skilled Nursing Care	0	1,177,590	101,848	1,279,438			2.00
3.00 Physical Therapy	0	597,556	51,681	649,237			3.00
4.00 Occupational Therapy	0	370,106	32,010	402,116			4.00
5.00 Speech Pathology	0	26,000	2,249	28,249			5.00
6.00 Medical Social Services	0	576	50	626			6.00
7.00 Home Health Aide	0	80,016	6,920	86,936			7.00
8.00 Supplies (see instructions)	0	16,487	1,426	17,913			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	2,464,515	196,184	2,464,515			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.			0.086488				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: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/25/2023 1:47 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,579	510	220,483	0	118,938	1,579	1.00
2.00 Skilled Nursing Care	0	0	602,954	0	1,016,591	0	2.00
3.00 Physical Therapy	0	0	305,962	0	515,859	0	3.00
4.00 Occupational Therapy	0	0	189,503	0	319,506	0	4.00
5.00 Speech Pathology	0	0	13,313	0	22,445	0	5.00
6.00 Medical Social Services	0	0	167	0	497	0	6.00
7.00 Home Health Aide	0	0	40,970	0	69,076	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	14,233	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)	1,579	510	1,373,352		2,077,145	1,579	20.00
21.00 Total cost to be allocated	30,851	535	545,346		328,960	35,177	21.00
22.00 Unit cost multiplier	19.538315	1.049020	0.397091		0.158371	22.278024	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,579	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)	0	1,579	0	0	0	0	20.00
21.00 Total cost to be allocated	0	11,310	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	7.162761	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Prepared: 5/25/2023 1:47 pm
		Home Health Agency I	PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)				
	15.00	16.00	18.00	19.00			
1.00 Administrative and General	0	2,574,708	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	2,574,708	0	0	0		20.00
21.00 Total cost to be allocated	0	11,923	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.004631	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prepared: 5/25/2023 1:47 pm
		HHA CCN: 15-7155		

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,279,438		1,279,438	3,434	372.58	1.00
2.00	Physical Therapy	3.00	649,237	0	649,237	2,879	225.51	2.00
3.00	Occupational Therapy	4.00	402,116	0	402,116	1,451	277.13	3.00
4.00	Speech Pathology	5.00	28,249	0	28,249	77	366.87	4.00
5.00	Medical Social Services	6.00	626		626	6	104.33	5.00
6.00	Home Health Aide	7.00	86,936		86,936	498	174.57	6.00
7.00	Total (sum of lines 1-6)		2,446,602	0	2,446,602	8,345		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		18020	0	38		8.00
8.01	Skilled Nursing Care		31140	0	20		8.01
8.02	Skilled Nursing Care		99915	0	1,317		8.02
9.00	Physical Therapy		18020	0	50		9.00
9.01	Physical Therapy		31140	0	35		9.01
9.02	Physical Therapy		99915	0	1,086		9.02
10.00	Occupational Therapy		18020	0	10		10.00
10.01	Occupational Therapy		31140	0	10		10.01
10.02	Occupational Therapy		99915	0	597		10.02
11.00	Speech Pathology		18020	0	0		11.00
11.01	Speech Pathology		31140	0	0		11.01
11.02	Speech Pathology		99915	0	29		11.02
12.00	Medical Social Services		18020	0	0		12.00
12.01	Medical Social Services		31140	0	0		12.01
12.02	Medical Social Services		99915	0	2		12.02
13.00	Home Health Aide		18020	0	0		13.00
13.01	Home Health Aide		31140	0	0		13.01
13.02	Home Health Aide		99915	0	210		13.02
14.00	Total (sum of lines 8-13)			0	3,404		14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	17,913	0	17,913	42,734	0.419174	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,375		0	512,298	1.00
2.00	Physical Therapy	0	1,171		0	264,072	2.00
3.00	Occupational Therapy	0	617		0	170,989	3.00
4.00	Speech Pathology	0	29		0	10,639	4.00
5.00	Medical Social Services	0	2		0	209	5.00
6.00	Home Health Aide	0	210		0	36,660	6.00
7.00	Total (sum of lines 1-6)	0	3,404		0	994,867	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet H-3
				HHA CCN: 15-7155	To 12/31/2022	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 5/25/2023 1:47 pm
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
<b>Limitation Cost Computation</b>									
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	
		Program Covered Charges			Cost of Services				
Cost Center Description		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	16,575	16,485	0	6,948	6,910	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	512,298							1.00
2.00	Physical Therapy	264,072							2.00
3.00	Occupational Therapy	170,989							3.00
4.00	Speech Pathology	10,639							4.00
5.00	Medical Social Services	209							5.00
6.00	Home Health Aide	36,660							6.00
7.00	Total (sum of lines 1-6)	994,867							7.00
Cost Center Description		12.00							
<b>Limitation Cost Computation</b>									
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: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part II Date/Time Prepared: 5/25/2023 1:47 pm PPS
			Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.441324	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.246430	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.318910	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.471589	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.611550	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0065 HHA CCN: 15-7155	Period: From 01/01/2022 To 12/31/2022	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	858,230	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	19,659	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	23,935	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	6,026	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	4,931	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	154	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	912,935	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	912,935	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	912,935	26.00
27.00	Allowable bad debts (from your records)	0	0	27.00
27.01	Adjusted reimbursable bad debts (see instructions)	0	0	27.01
28.00	Allowable bad debts for dual eligible (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (see instructions)	0	912,935	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	912,935	31.00
31.01	Sequestration adjustment (see instructions)	0	10,797	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	902,138	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 31.75, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet H-5
	HHA CCN: 15-7155	To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
		Home Health Agency I	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		902,138	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		902,138	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		902,138	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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2022 To 12/31/2022	Worksheet 0 Date/Time Prepared: 5/25/2023 1:47 pm
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00			0	0	0	1.00
2.00			0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	47,634	47,634	0	47,634	4.00
5.00	0	4,955	4,955	0	4,955	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	3,964	3,964	0	3,964	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	4,591	4,591	13.00
14.00	0	-192	-192	0	-192	14.00
15.00	0	0	0	0	0	15.00
16.00	0	6,147	6,147	0	6,147	16.00
17.00						17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00			0	0	0	25.00
26.00	66,675	34	66,709	0	66,709	26.00
27.00	0	0	0	0	0	27.00
28.00	503,091	0	503,091	0	503,091	28.00
29.00	0	0	0	0	0	29.00
30.00	0	0	0	0	0	30.00
31.00	0	0	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	56,099	56,099	33.00
34.00	109,177	0	109,177	-60,690	48,487	34.00
35.00	0	0	0	0	0	35.00
36.00	0	0	0	0	0	36.00
37.00	101,670	0	101,670	0	101,670	37.00
38.00	0	86,368	86,368	0	86,368	38.00
39.00	0	6,745	6,745	0	6,745	39.00
40.00	0	0	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	3,892	3,892	0	3,892	42.00
42.50	0	0	0	0	0	42.50
43.00	0	0	0	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	6,467	0	6,467	0	6,467	46.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0	0	0	0	0	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
66.00	0	0	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
100.00	787,080	159,547	946,627	0	946,627	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	Provider CCN: 15-0065	Period: From 01/01/2022	Worksheet 0
	Hospice CCN: 15-1529	To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	76,213	123,847	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	4,955	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	91,456	91,456	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	3,964	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	4,591	13.00
14.00	PHARMACY*	0	-192	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	6,147	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	66,709	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	503,091	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	56,099	33.00
34.00	SPIRITUAL COUNSELING**	0	48,487	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	101,670	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	86,368	38.00
39.00	PATIENT TRANSPORTATION**	0	6,745	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	3,892	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	6,467	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	167,669	1,114,296	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: 15-0065 Hospice CCN: 15-1529	Period: From 01/01/2022 To 12/31/2022	Worksheet 0-2 Date/Time Prepared: 5/25/2023 1:47 pm
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	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	65,821	34	65,855	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	496,645	0	496,645	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	55,380	33.00
34.00	SPIRITUAL COUNSELING	107,778	0	107,778	-59,912	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	100,368	0	100,368	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	86,368	86,368	0	38.00
39.00	PATIENT TRANSPORTATION	0	6,659	6,659	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,842	3,842	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	6,384	0	6,384	0	46.00
100.00	TOTAL *	776,996	96,903	873,899	-4,532	100.00

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

	ADJUSTMENTS		TOTAL (col. 5 ± col. 6)	
	6.00	7.00		
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	65,855	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	496,645	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	55,380	33.00
34.00	SPIRITUAL COUNSELING	0	47,866	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	100,368	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	86,368	38.00
39.00	PATIENT TRANSPORTATION	0	6,659	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	3,842	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	6,384	46.00
100.00	TOTAL *	0	869,367	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: 15-0065

Period: From 01/01/2022

Worksheet 0-3

Hospice CCN: 15-1529

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	494	0	494	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	3,727	0	3,727	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	416	33.00
34.00	SPIRITUAL COUNSELING	809	0	809	-450	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	753	0	753	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	50	50	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	29	29	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	48	0	48	0	46.00
100.00	TOTAL *	5,831	79	5,910	-34	100.00

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

	ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
	6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	494	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	3,727	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	416	33.00
34.00	SPIRITUAL COUNSELING	359	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	753	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	50	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	29	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	48	46.00
100.00	TOTAL *	5,876	100.00

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

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

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-4

Hospice CCN: 15-1529

To 12/31/2022

Date/Time Prepared:  
5/25/2023 1:47 pm

	Hospice I					
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	360	0	360	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,719	0	2,719	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	303	33.00
34.00	SPIRITUAL COUNSELING	590	0	590	-328	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	549	0	549	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	36	36	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	21	21	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	35	0	35	0	46.00
100.00	TOTAL *	4,253	57	4,310	-25	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	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED	0	25.00
26.00	PHYSICIAN SERVICES	360	26.00
27.00	NURSE PRACTITIONER	0	27.00
28.00	REGISTERED NURSE	2,719	28.00
29.00	LPN/LVN	0	29.00
30.00	PHYSICAL THERAPY	0	30.00
31.00	OCCUPATIONAL THERAPY	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	32.00
33.00	MEDICAL SOCIAL SERVICES	303	33.00
34.00	SPIRITUAL COUNSELING	262	34.00
35.00	DIETARY COUNSELING	0	35.00
36.00	COUNSELING - OTHER	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	549	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	38.00
39.00	PATIENT TRANSPORTATION	36	39.00
40.00	IMAGING SERVICES	0	40.00
41.00	LABS & DIAGNOSTICS	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	21	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	42.50
43.00	OUTPATIENT SERVICES	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	35	46.00
100.00	TOTAL *	4,285	100.00

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



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

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-5

Hospice CCN: 15-1529

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col s. 1 + 2)	
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	30,851	30,851	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	374,618	374,618	3.00
4.00	ADMINISTRATIVE & GENERAL	123,847	240,687	364,534	4.00
5.00	PLANT OPERATION & MAINTENANCE	4,955	35,177	40,132	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	11,310	11,310	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	91,456	0	91,456	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,964	0	3,964	10.00
11.00	MEDICAL RECORDS	0	13,028	13,028	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	4,591	0	4,591	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	6,147	0	6,147	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	869,367	0	869,367	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5,876	0	5,876	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,285	0	4,285	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-192	0	-192	99.00
100.00	TOTAL	1,114,296	705,671	1,819,967	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2022

Part I  
Date/Time Prepared:  
5/25/2023 1:47 pm

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIX	30,851	30,851			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	374,618	0	0	374,618	3.00
4.00	ADMINISTRATIVE & GENERAL	364,534	5,794	0	29,904	400,232 4.00
5.00	PLANT OPERATION & MAINTENANCE	40,132	0	0	0	40,132 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	11,310	0	0	0	11,310 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	91,456	1,909	0	35,885	129,250 9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,964	801	0	0	4,765 10.00
11.00	MEDICAL RECORDS	13,028	0	0	0	13,028 11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION	4,591	0	0	0	4,591 13.00
14.00	PHARMACY	0	0	0	0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	8,344	0	0	8,344 15.00
16.00	OTHER GENERAL SERVICE	6,147	3,818	0	0	9,965 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		2,843	0		2,843 17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	869,367			304,872	1,174,239 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5,876	0	0	2,288	8,164 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,285	0	0	1,669	5,954 53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	7,342	0	0	7,342 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 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	-192	0	0	0	99.00
100.00	TOTAL	1,819,967	30,851	0	374,618	1,819,967 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2022

Part I  
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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	400,232					4.00
5.00 PLANT OPERATION & MAINTENANCE	11,312	51,444				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	3,188	0		14,498		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	36,431	3,919		1,105		9.00
10.00 ROUTINE MEDICAL SUPPLIES	1,343	1,644		463		10.00
11.00 MEDICAL RECORDS	3,672	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	1,294	0		0		13.00
14.00 PHARMACY	0	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	2,352	17,130		4,828		15.00
16.00 OTHER GENERAL SERVICE	2,809	7,839		2,209		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	801	5,838		1,645		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	330,982					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	2,301	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,678	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	2,069	15,074		4,248		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	400,232	51,444	0	14,498	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2022

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Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	170,705					9.00
10.00	0	8,215				10.00
11.00	0		16,700			11.00
12.00	0			0		12.00
13.00	0			0	5,885	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	5,885	16.00
17.00						17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	51,210	8,110	16,486	0	0	51.00
52.00	51,212	61	124	0	0	52.00
53.00	51,212	44	90	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	17,071			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	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						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	170,705	8,215	16,700	0	5,885	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2022

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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	0	32,654				15.00
16.00	0		28,707			16.00
17.00				11,127		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	32,236	28,339		1,641,602	51.00
52.00	0	242	213	6,434	68,751	52.00
53.00	0	176	155	4,693	64,002	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		45,804	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	-192	99.00
100.00	0	32,654	28,707	11,127	1,819,967	100.00

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

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-6

Hospice CCN: 15-1529

To 12/31/2022

Part II  
Date/Time Prepared:  
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Cost Center Descriptions		Hospice I				
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)
		1.00	2.00	3.00	4A	4.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	2,311				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	954,749		3.00
4.00	ADMINISTRATIVE & GENERAL	434	100	76,213	-400,232	1,419,927 4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	40,132 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0	0	11,310 7.00
8.00	DIETARY	0	0	0	0	0 8.00
9.00	NURSING ADMINISTRATION	143	0	91,456	0	129,250 9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	0	0	0	4,765 10.00
11.00	MEDICAL RECORDS	0	0	0	0	13,028 11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	4,591 13.00
14.00	PHARMACY	0	0	0	0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	8,344 15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	9,965 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213	0	0	0	2,843 17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE			776,996	0	1,174,239 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	5,831	0	8,164 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	4,253	0	5,954 53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	550	0	0	0	7,342 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)	30,851	0	374,618		400,232 100.00
101.00	UNIT COST MULTIPLIER	13.349632	0.000000	0.392373		0.281868 101.00

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

Provider CCN: 15-0065

Period: From 01/01/2022

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Hospice CCN: 15-1529

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,877					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		1,877			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		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	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213		213		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	550		550		10	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	51,444	0	14,498	0	170,705	100.00
101.00	UNIT COST MULTIPLIER	27.407565	0.000000	7.724028	0.000000	1,707.050000	101.00

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

Provider CCN: 15-0065

Period: From 01/01/2022

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Hospice CCN: 15-1529

To 12/31/2022

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	11,473					10.00
11.00	MEDICAL RECORDS		11,473				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		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	100	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	11,326	11,326	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	85	85	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	62	62	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,215	16,700	0	5,885	0	100.00
101.00	UNIT COST MULTIPLIER	0.716029	1.455591	0.000000	58.850000	0.000000	101.00



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

Provider CCN: 15-0065

Period: From 01/01/2022

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Hospice CCN: 15-1529

To 12/31/2022

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	11,473				15.00
16.00	OTHER GENERAL SERVICE		11,473			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			147		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	11,326	11,326			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	85	85	85		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	62	62	62		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	32,654	28,707	11,127		100.00
101.00	UNIT COST MULTIPLIER	2.846161	2.502135	75.693878		101.00

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

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-7

Hospice CCN: 15-1529

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.441324	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.246430	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.318910	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.611550	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.277774	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.471589	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	93.00	2.476925	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.418587	0	0	0	10.00
10.01	OTHER ANCILLARY CMS LINE	76.01	0.000000	0	0	0	10.01
10.02	CASE MANAGEMENT	76.02	0.000000	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.715506	0	0	0	10.03
10.04	SLEEP LAB	76.04	0.279407	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.277472	0	0	0	10.05
10.97	CARDIAC REHABILITATION	76.97	1.888378	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	10.00
10.01	OTHER ANCILLARY CMS LINE	0	0	0	0	0	10.01
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.04	SLEEP LAB	0	0	0	0	0	10.04
10.05	ONCOLOGY	0	0	0	0	0	10.05
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet 0-8

Hospice CCN: 15-1529

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,641,602	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			11,326	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			144.94	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,869	144		9.00
10.00	Program cost (line 8 times line 9)	1,575,353	20,871		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			68,751	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			85	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			808.84	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	83	0		14.00
15.00	Program cost (line 13 times line 14)	67,134	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			64,002	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			62	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,032.29	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	42	16		19.00
20.00	Program cost (line 18 times line 19)	43,356	16,517		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,774,355	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			11,473	22.00
23.00	Average cost per diem (line 21 divided by line 22)			154.65	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0065	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		337,477	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		20,763	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.33	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		358,240	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 15-0065 Component CCN: 15-8564		Period: From 01/01/2022 To 12/31/2022		Worksheet M-1 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	852,797	0	852,797	0	852,797	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	82,437	0	82,437	0	82,437	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	183,752	0	183,752	0	183,752	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	279,675	0	279,675	0	279,675	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,398,661	0	1,398,661	0	1,398,661	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	156,780	156,780	0	156,780	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	86,613	86,613	0	86,613	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	243,393	243,393	0	243,393	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,398,661	243,393	1,642,054	0	1,642,054	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	23,206	23,206	0	23,206	29.00
30.00	Administrative Costs	115,212	7,319	122,531	0	122,531	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	115,212	30,525	145,737	0	145,737	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,513,873	273,918	1,787,791	0	1,787,791	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 15-0065	Period:	Worksheet M-1
	Component CCN: 15-8564	From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0	852,797
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	82,437
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	183,752
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	279,675
10.00	Subtotal (sum of lines 1 through 9)	0	1,398,661
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	156,780
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	86,613
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	243,393
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,642,054
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	23,206
30.00	Administrative Costs	0	122,531
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	145,737
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,787,791

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 15-0065 Component CCN: 15-8565		Period: From 01/01/2022 To 12/31/2022		Worksheet M-1 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC II		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	76,657	0	76,657	0	76,657	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	106,138	0	106,138	0	106,138	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	65,268	0	65,268	0	65,268	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	34,825	0	34,825	0	34,825	9.00
10.00	Subtotal (sum of lines 1 through 9)	282,888	0	282,888	0	282,888	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	32,127	32,127	0	32,127	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	24,043	24,043	0	24,043	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	56,170	56,170	0	56,170	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	282,888	56,170	339,058	0	339,058	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	1,642	1,642	0	1,642	29.00
30.00	Administrative Costs	1,264	2,255	3,519	0	3,519	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,264	3,897	5,161	0	5,161	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	284,152	60,067	344,219	0	344,219	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 15-0065	Period:	Worksheet M-1
	Component CCN: 15-8565	From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
		RHC II	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0	76,657
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	106,138
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	65,268
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	1	34,826
10.00	Subtotal (sum of lines 1 through 9)	1	282,889
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	32,127
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	24,043
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	0	56,170
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1	339,059
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	1,642
30.00	Administrative Costs	0	3,519
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	5,161
32.00	Total facility costs (sum of lines 22, 28 and 31)	1	344,220



ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 15-0065 Component CCN: 15-8566		Period: From 01/01/2022 To 12/31/2022		Worksheet M-1 Date/Time Prepared: 5/25/2023 1:47 pm	
		RHC III		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified	
		1.00	2.00	3.00	4.00	Trial Balance (col. 3 + col. 4)	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	1,206,476	0	1,206,476	0	1,206,476	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	89,392	0	89,392	0	89,392	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	62,064	0	62,064	0	62,064	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	248,929	0	248,929	0	248,929	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,606,861	0	1,606,861	0	1,606,861	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	96,878	96,878	0	96,878	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	24,953	24,953	0	24,953	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	121,831	121,831	0	121,831	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,606,861	121,831	1,728,692	0	1,728,692	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	13,672	13,672	0	13,672	29.00
30.00	Administrative Costs	60,031	10,618	70,649	0	70,649	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	60,031	24,290	84,321	0	84,321	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,666,892	146,121	1,813,013	0	1,813,013	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-1

Component CCN: 15-8566

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

RHC III

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	0	1,206,476	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	89,392	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	62,064	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	248,929	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,606,861	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	96,878	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	24,953	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	121,831	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,728,692	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	13,672	29.00
30.00	Administrative Costs	0	70,649	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	84,321	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,813,013	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-1

Component CCN: 15-8568

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		RHC IV		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	0	0	0	34,425	34,425	1.00
2.00	Physician Assistant	0	0	0	45,875	45,875	2.00
3.00	Nurse Practitioner	0	0	0	122,464	122,464	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	4,435	4,435	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	14,699	14,699	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	0	0	221,898	221,898	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	39,432	39,432	0	39,432	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	50	50	0	50	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	39,482	39,482	0	39,482	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	39,482	39,482	221,898	261,380	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	3,204	3,204	0	3,204	29.00
30.00	Administrative Costs	368,413	1,550	369,963	-221,898	148,065	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	368,413	4,754	373,167	-221,898	151,269	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	368,413	44,236	412,649	0	412,649	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 15-0065	Period:	Worksheet M-1
	Component CCN: 15-8568	From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
		RHC IV	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0	34,425
2.00	Physician Assistant	0	45,875
3.00	Nurse Practitioner	0	122,464
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	4,435
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	14,699
10.00	Subtotal (sum of lines 1 through 9)	0	221,898
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	39,432
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	50
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	0	39,482
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	261,380
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	3,204
30.00	Administrative Costs	0	148,065
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	151,269
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	412,649

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-1

Component CCN: 15-8569

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		RHC V		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	0	0	0	843,330	843,330	1.00
2.00	Physician Assistant	0	0	0	72,192	72,192	2.00
3.00	Nurse Practitioner	0	0	0	225,774	225,774	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	51,571	51,571	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	0	0	352,425	352,425	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	0	0	1,545,292	1,545,292	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	82,662	82,662	0	82,662	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	108,342	108,342	0	108,342	19.00
20.00	Allowable GME Costs						20.00
21.00	Subtotal (sum of lines 15 through 20)	0	191,004	191,004	0	191,004	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	191,004	191,004	1,545,292	1,736,296	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs						27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	3,212	3,212	0	3,212	29.00
30.00	Administrative Costs	1,617,524	7,323	1,624,847	-1,545,292	79,555	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	1,617,524	10,535	1,628,059	-1,545,292	82,767	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,617,524	201,539	1,819,063	0	1,819,063	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 15-0065	Period:	Worksheet M-1
	Component CCN: 15-8569	From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/25/2023 1:47 pm
		RHC V	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>			
1.00	Physician	0	843,330
2.00	Physician Assistant	0	72,192
3.00	Nurse Practitioner	0	225,774
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	51,571
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	352,425
10.00	Subtotal (sum of lines 1 through 9)	0	1,545,292
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	82,662
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	108,342
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	191,004
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,736,296
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
<b>FACILITY OVERHEAD</b>			
29.00	Facility Costs	0	3,212
30.00	Administrative Costs	0	79,555
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	82,767
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	1,819,063

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8564	Period: From 01/01/2022 To 12/31/2022	Worksheet M-2 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	3.27	9,222	3,107	10,160	1.00
2.00	Physician Assistant	0.00	1	1,553	0	2.00
3.00	Nurse Practitioner	0.76	1,391	1,553	1,180	3.00
4.00	Subtotal (sum of lines 1 through 3)	4.03	10,614		11,340	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	4.03	10,614		11,340	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				1,642,054	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,642,054	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				145,737	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,270,802	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,416,539	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,416,539	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,416,539	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				3,058,593	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8565	Period: From 01/01/2022 To 12/31/2022	Worksheet M-2 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC II		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.32	1,141	2,934	939	1.00
2.00	Physician Assistant	0.00	0	1,467	0	2.00
3.00	Nurse Practitioner	0.69	1,902	1,467	1,012	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.01	3,043		1,951	4.00
5.00	Visiting Nurse	0.00	0			5.00
6.00	Clinical Psychologist	0.00	0			6.00
7.00	Clinical Social Worker	0.00	0			7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.01	3,043			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				339,059	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				339,059	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				5,161	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				263,599	15.00
16.00	Total overhead (sum of lines 14 and 15)				268,760	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				268,760	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				268,760	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				607,819	20.00



ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8566	Period: From 01/01/2022 To 12/31/2022	Worksheet M-2 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC III		Cost		
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4
		1.00	2.00	3.00	4.00	5.00
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	2.92	2,627	2,923	8,535	1.00
2.00	Physician Assistant	0.00	0	1,461	0	2.00
3.00	Nurse Practitioner	0.72	348	1,461	1,052	3.00
4.00	Subtotal (sum of lines 1 through 3)	3.64	2,975		9,587	4.00
5.00	Visiting Nurse	0.00	0			5.00
6.00	Clinical Psychologist	0.00	0			6.00
7.00	Clinical Social Worker	0.00	0			7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.64	2,975			8.00
9.00	Physician Services Under Agreements		0			9.00
						1.00
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				1,728,692	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,728,692	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				84,321	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				998,425	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,082,746	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,082,746	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,082,746	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				2,811,438	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8568	Period: From 01/01/2022 To 12/31/2022	Worksheet M-2 Date/Time Prepared: 5/25/2023 1:47 pm
			RHC IV	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.05	164	2,704	135	1.00
2.00	Physician Assistant	0.40	1,768	1,352	541	2.00
3.00	Nurse Practitioner	1.00	4,332	1,352	1,352	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.45	6,264		2,028	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.45	6,264			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				261,380	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				261,380	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				151,269	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				371,115	15.00
16.00	Total overhead (sum of lines 14 and 15)				522,384	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				522,384	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				522,384	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				783,764	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8569	Period: From 01/01/2022 To 12/31/2022	Worksheet M-2 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC V		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	3.09	6,849	2,762	8,535	1.00
2.00	Physician Assistant	0.68	1,614	1,381	939	2.00
3.00	Nurse Practitioner	1.84	4,316	1,381	2,541	3.00
4.00	Subtotal (sum of lines 1 through 3)	5.61	12,779		12,015	4.00
5.00	Visiting Nurse	0.00	0			5.00
6.00	Clinical Psychologist	0.00	0			6.00
7.00	Clinical Social Worker	0.00	0			7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.61	12,779			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	
<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				1,736,296	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,736,296	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				82,767	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,212,052	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,294,819	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,294,819	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,294,819	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				3,031,115	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8564	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	RHC I	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		3,058,593	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		219,224	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		2,839,369	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		11,340	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		11,340	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		250.39	7.00
		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	113.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	113.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	1,923	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	217,299	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	217,299	16.00
16.01	Total program charges (see instructions)(from contractor's records)		250,044	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		25,973	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		22,572	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		144,824	16.04
16.05	Total program cost (see instructions)	0	167,396	16.05
17.00	Primary payer amounts		64	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		13,697	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		42,075	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		167,332	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		30,328	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		197,660	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		197,660	26.00
26.01	Sequestration adjustment (see instructions)		2,490	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		162,905	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		32,265	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8565	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	RHC II	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		607,819	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		143,504	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		464,315	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		3,043	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		3,043	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		152.58	7.00
		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	113.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	113.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	630	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	71,190	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	71,190	16.00
16.01	Total program charges (see instructions)(from contractor's records)		89,310	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		13,779	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		10,983	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		43,323	16.04
16.05	Total program cost (see instructions)	0	54,306	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		6,053	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		13,896	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		54,306	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		21,707	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		76,013	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		76,013	26.00
26.01	Sequestration adjustment (see instructions)		958	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		52,651	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		22,404	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8566	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	RHC III	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		2,811,438	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		19,340	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		2,792,098	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		9,587	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		9,587	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		291.24	7.00
		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	113.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	113.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	190	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	21,470	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	21,470	16.00
16.01	Total program charges (see instructions)(from contractor's records)		14,147	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		4,160	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		6,313	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		12,031	16.04
16.05	Total program cost (see instructions)	0	18,344	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		118	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		1,974	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		18,344	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		18,344	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		18,344	26.00
26.01	Sequestration adjustment (see instructions)		231	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		17,967	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		146	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8568	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	RHC IV	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		783,764	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		918	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		782,846	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		6,264	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		6,264	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		124.98	7.00
		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	113.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	113.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	306	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	34,578	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	34,578	16.00
16.01	Total program charges (see instructions)(from contractor's records)		32,120	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		26,976	16.04
16.05	Total program cost (see instructions)	0	26,976	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		858	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		6,252	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		26,976	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		26,976	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		26,976	26.00
26.01	Sequestration adjustment (see instructions)		339	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		26,436	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		201	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 15-0065 Component CCN: 15-8569	Period: From 01/01/2022 To 12/31/2022	Worksheet M-3 Date/Time Prepared: 5/25/2023 1:47 pm
		Title XVIII	RHC V	Cost
		1.00		
<b>DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		3,031,115	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		230,241	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		2,800,874	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		12,779	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		12,779	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		219.18	7.00
		Calculation of Limit (1)		
		Rate Period N/A	Rate Period 1 (01/01/2022 through 12/31/2022)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	113.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	113.00	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	1,592	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	179,896	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	179,896	16.00
16.01	Total program charges (see instructions)(from contractor's records)		208,564	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		28,786	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		24,829	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		120,610	16.04
16.05	Total program cost (see instructions)	0	145,439	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		4,305	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		35,095	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		145,439	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		25,875	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		171,314	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		171,314	26.00
26.01	Sequestration adjustment (see instructions)		2,158	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		141,123	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		28,033	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		0	30.00



COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-4

Component CCN: 15-8564

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		Title XVIII		RHC I	Cost		
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS		
		1.00	2.00	2.01	2.02		
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,398,661	1,398,661	1,398,661	1,398,661	1.00	
2.00	Ratio of injection/infusion staff time to total health care staff time	0.001710	0.013442	0.026028	0.000000	2.00	
3.00	Injection/infusion health care staff cost (line 1 x line 2)	2,392	18,801	36,404	0	3.00	
4.00	Injections/infusions and related medical supplies costs (from your records)	20,916	39,181	0	0	4.00	
5.00	Direct cost of injections/infusions (line 3 plus line 4)	23,308	57,982	36,404	0	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,642,054	1,642,054	1,642,054	1,642,054	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)	1,416,539	1,416,539	1,416,539	1,416,539	7.00	
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.014194	0.035311	0.022170	0.000000	8.00	
9.00	Overhead cost - injection/infusion (line 7 x line 8)	20,106	50,019	31,405	0	9.00	
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	43,414	108,001	67,809	0	10.00	
11.00	Total number of injections/infusions (from your records)	86	676	187	0	11.00	
12.00	Cost per injection/infusion (line 10/line 11)	504.81	159.76	362.61	0.00	12.00	
13.00	Number of injection/infusion administered to Program beneficiaries	15	63	35	0	13.00	
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01	
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	7,572	10,065	12,691	0	14.00	
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION		
					1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)					219,224	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)					30,328	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-4

Component CCN: 15-8565

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		Title XVIII		RHC II	Cost		
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS		
		1.00	2.00	2.01	2.02		
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	282,889	282,889	282,889	282,889	1.00	
2.00	Ratio of injection/infusion staff time to total health care staff time	0.003808	0.039743	0.095510	0.000000	2.00	
3.00	Injection/infusion health care staff cost (line 1 x line 2)	1,077	11,243	27,019	0	3.00	
4.00	Injections/infusions and related medical supplies costs (from your records)	11,674	29,038	0	0	4.00	
5.00	Direct cost of injections/infusions (line 3 plus line 4)	12,751	40,281	27,019	0	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	339,059	339,059	339,059	339,059	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)	268,760	268,760	268,760	268,760	7.00	
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.037607	0.118802	0.079688	0.000000	8.00	
9.00	Overhead cost - injection/infusion (line 7 x line 8)	10,107	31,929	21,417	0	9.00	
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	22,858	72,210	48,436	0	10.00	
11.00	Total number of injections/infusions (from your records)	48	501	172	0	11.00	
12.00	Cost per injection/infusion (line 10/line 11)	476.21	144.13	281.60	0.00	12.00	
13.00	Number of injection/infusion administered to Program beneficiaries	6	37	48	0	13.00	
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01	
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	2,857	5,333	13,517	0	14.00	
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION		
					1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)					143,504	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)					21,707	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-4

Component CCN: 15-8566

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		Title XVIII		RHC III	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,606,861	1,606,861	1,606,861	1,606,861	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000000	0.002730	0.000198	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	0	4,387	318	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	0	7,187	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	0	11,574	318	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,728,692	1,728,692	1,728,692	1,728,692	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	1,082,746	1,082,746	1,082,746	1,082,746	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.006695	0.000184	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	0	7,249	199	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	0	18,823	517	0	10.00
11.00	Total number of injections/infusions (from your records)	0	124	9	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	0.00	151.80	57.44	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	0	0	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	0	0	0	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
					1.00	2.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				19,340	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)				0	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-0065  
Component CCN: 15-8568

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

Worksheet M-4  
Date/Time Prepared:  
5/25/2023 1:47 pm

		Title XVIII		RHC IV	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	221,898	221,898	221,898	221,898	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000000	0.000221	0.000111	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	0	49	25	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	0	232	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	0	281	25	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	261,380	261,380	261,380	261,380	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	522,384	522,384	522,384	522,384	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.001075	0.000096	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	0	562	50	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	0	843	75	0	10.00
11.00	Total number of injections/infusions (from your records)	0	4	2	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	0.00	210.75	37.50	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	0	0	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	0	0	0	0	14.00
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION	
					1.00	2.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)				918	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)				0	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 15-0065

Period: From 01/01/2022

Worksheet M-4

Component CCN: 15-8569

To 12/31/2022

Date/Time Prepared: 5/25/2023 1:47 pm

		Title XVIII		RHC V	Cost		
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS		
		1.00	2.00	2.01	2.02		
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	1,545,292	1,545,292	1,545,292	1,545,292	1.00	
2.00	Ratio of injection/infusion staff time to total health care staff time	0.002000	0.014940	0.007141	0.000000	2.00	
3.00	Injection/infusion health care staff cost (line 1 x line 2)	3,091	23,087	11,035	0	3.00	
4.00	Injections/infusions and related medical supplies costs (from your records)	34,049	60,626	0	0	4.00	
5.00	Direct cost of injections/infusions (line 3 plus line 4)	37,140	83,713	11,035	0	5.00	
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	1,736,296	1,736,296	1,736,296	1,736,296	6.00	
7.00	Total overhead (from Wkst. M-2, line 19)	1,294,819	1,294,819	1,294,819	1,294,819	7.00	
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.021390	0.048214	0.006355	0.000000	8.00	
9.00	Overhead cost - injection/infusion (line 7 x line 8)	27,696	62,428	8,229	0	9.00	
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	64,836	146,141	19,264	0	10.00	
11.00	Total number of injections/infusions (from your records)	140	1,046	500	0	11.00	
12.00	Cost per injection/infusion (line 10/line 11)	463.11	139.71	38.53	0.00	12.00	
13.00	Number of injection/infusion administered to Program beneficiaries	25	72	110	0	13.00	
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01	
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	11,578	10,059	4,238	0	14.00	
					COST OF INJECTIONS / INFUSIONS AND ADMINISTRATION		
					1.00	2.00	
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)					230,241	15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)					25,875	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065 Component CCN: 15-8564	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		162,905	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		162,905	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		32,265	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		195,170	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065 Component CCN: 15-8565	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC II	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		52,651	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		52,651	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		22,404	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		75,055	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065 Component CCN: 15-8566	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC III	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		17,967	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		17,967	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		146	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		18,113	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00



ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065 Component CCN: 15-8568	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC IV	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		26,436	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		26,436	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		201	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		26,637	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0065 Component CCN: 15-8569	Period: From 01/01/2022 To 12/31/2022	Worksheet M-5 Date/Time Prepared: 5/25/2023 1:47 pm
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		RHC V	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		141,123	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		141,123	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		28,033	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		169,156	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00