

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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/29/2023 9:52 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 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.	Date: 5/29/2023	Time: 9:52 am
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 FRANCISCAN HEALTH CROWN POINT (15-0126) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	75,111	4,284	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
200.00	TOTAL	0	75,111	4,284	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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 9:52 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1201 SOUTH MAIN STREET	PO Box:	Zip Code: 46307	County:
2.00	City: CROWN POINT	State: IN		2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN HEALTH CROWN POINT	150126	23844	1	12/31/1973	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022			20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 9:52 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	102	22	92	137	6,735	191	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.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			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

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

	NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
	1.00	2.00	3.00	
60.00	Y	N		60.00
60.01		23.00	1	60.01
60.02		23.01	1	60.02

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	N			0.00	0.00	61.00
61.01						61.01
61.02						61.02
61.03						61.03
61.04						61.04
61.05						61.05
61.06						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			0.00	0.00	61.10
61.20			0.00	0.00	61.20

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)	
	1.00	
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
62.01	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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0126

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2023 9:52 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	1.25	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	EMERGENCY MED	3450	0.00	1.25	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 9:52 am	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		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
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

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		V		XIX			
		1.00		2.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
					1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
					1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.	N					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 9:52 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	972,843	374,443	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
Certified Transplant Center Information					
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE	Contractor's Name: WISCONSIN PHYSICIAN SERVICES (WPS)		Contractor's Number: 08001	141.00
142.00	Street: 1717 W BROADWAY	PO Box:			142.00
143.00	City: MADISON	State:		Zip Code: 53713-1834	143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/29/2023 9:52 am		
1.00								
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	161.00	
1.00								
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
		1.00	2.00					
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/29/2023 9:52 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/26/2023		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	Y		Y		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y				7.00	
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				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.	Y				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/07/2023	Y	04/07/2023	16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	04/06/2023	N	04/06/2023	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/29/2023 9:52 am	
		Description		Y/N	Y/N		
		0		1.00	3.00		
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N		20.00
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N		21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N		27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N		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				N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N		31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N		33.00
Provider-Based Physicians							
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N		35.00
				Y/N	Date		
				1.00	2.00		
Home Office Costs							
36.00	Were home office costs claimed on the cost report?				Y		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.				Y		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.				N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N		40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG			41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG.YANG@FRANCISCANALLIANCE.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/29/2023 9:52 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, REIMBURSEMENT		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: 15-0126

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2023 9:52 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits	Trips	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,750	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)		150	54,750	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	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 NEONATAL INTENSIVE CARE UNIT	35.00	20	7,300	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		192	70,080	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						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		192				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: 15-0126

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2023 9:52 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,231	342	33,095		1.00
2.00	HMO and other (see instructions)	8,894	6,555			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,231	342	33,095		7.00
8.00	INTENSIVE CARE UNIT	1,807	22	4,077		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	NEONATAL INTENSIVE CARE UNIT	0	150	2,881		12.00
13.00	NURSERY		19	2,237		13.00
14.00	Total (see instructions)	15,038	533	42,290	0.00	881.12
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					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				0.00	881.12
28.00	Observation Bed Days		0	0		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	191	191		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: 15-0126

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2023 9:52 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,075	1,376	9,347	1.00
2.00	HMO and other (see instructions)			1,338	0		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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,075	1,376	9,347	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2023 9:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	91,464,337	0	91,464,337	2,266,057.09	40.36
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		15,947,743	0	15,947,743	433,600.19	36.78
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,004,966	0	2,004,966	85,514.17	23.45
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		7,675,550	0	7,675,550	52,676.34	145.71
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		179,406	0	179,406	1,405.62	127.63
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		19,752,885	0	19,752,885	534,129.00	36.98
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,784,482	0	18,784,482		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		420,998	0	420,998		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		6,038,015	0	6,038,015		
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: 15-0126

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2023 9:52 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,241,405	0	1,241,405	14,335.82	86.59	26.00
27.00	Administrative & General	20,216,988	0	20,216,988	537,096.16	37.64	27.00
28.00	Administrative & General under contract (see inst.)	1,229,148	0	1,229,148	9,626.00	127.69	28.00
29.00	Maintenance & Repairs	541,021	0	541,021	11,897.75	45.47	29.00
30.00	Operation of Plant	2,373,165	0	2,373,165	79,787.45	29.74	30.00
31.00	Laundry & Linen Service	67,216	0	67,216	3,917.24	17.16	31.00
32.00	Housekeeping	1,872,821	0	1,872,821	99,526.70	18.82	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,347,921	-808,011	539,910	26,141.74	20.65	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	808,011	808,011	39,122.89	20.65	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,416,610	0	2,416,610	55,183.12	43.79	38.00
39.00	Central Services and Supply	393,775	0	393,775	17,108.16	23.02	39.00
40.00	Pharmacy	2,440,260	0	2,440,260	55,078.67	44.30	40.00
41.00	Medical Records & Medical Records Library	588,555	0	588,555	15,230.56	38.64	41.00
42.00	Social Service	1,915,121	0	1,915,121	43,891.79	43.63	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0126

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2023 9:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	76,745,742	0	76,745,742	1,842,082.90	41.66	1.00
2.00	Excluded area salaries (see instructions)	2,004,966	0	2,004,966	85,514.17	23.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	74,740,776	0	74,740,776	1,756,568.73	42.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,607,841	0	27,607,841	588,210.96	46.94	4.00
5.00	Subtotal wage-related costs (see inst.)	24,822,497	0	24,822,497	0.00	33.21	5.00
6.00	Total (sum of lines 3 thru 5)	127,171,114	0	127,171,114	2,344,779.69	54.24	6.00
7.00	Total overhead cost (see instructions)	36,644,006	0	36,644,006	1,007,944.05	36.36	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2023 9:52 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,535,349	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)	3,743,286	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,176,976	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	279,313	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	22,791	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)	371,311	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,311,612	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,764,842	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
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,205,480	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0126

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/29/2023 9:52 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.221427	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		32,135,989	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		147,505,099	6.00	
7.00	Medicaid cost (line 1 times line 6)		32,661,612	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)		525,623	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		525,623	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,219,454	4,128,283	18,347,737	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,148,571	4,128,283	7,276,854	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)	3,148,571	4,128,283	7,276,854	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,499,335	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		228,189	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		351,059	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		3,148,276	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		819,983	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,096,837	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,622,460	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

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

Worksheet A
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		5,724,620	5,724,620	272,355	5,996,975	1.00
2.00	00200		0	0	2,053,630	2,053,630	2.00
4.00	00400				-71,042	20,374,825	4.00
5.00	00500	1,241,405	19,204,462	20,445,867	-6,252,676	63,491,417	5.00
6.00	00600	20,216,988	49,527,105	69,744,093	-12	2,040,152	6.00
7.00	00700	541,021	1,499,143	2,040,164	0	11,623,841	7.00
7.01	00701	2,373,165	9,250,676	11,623,841	0	904,555	7.01
7.01	00701	0	904,555	904,555	0	1,392,143	8.00
8.00	00800	67,216	1,324,927	1,392,143	0	2,172,097	9.00
9.00	00900	1,797,292	374,805	2,172,097	0	94,132	9.01
9.01	01851	75,529	18,603	94,132	0	956,159	10.00
10.00	01000	1,347,921	1,039,194	2,387,115	-1,430,956	1,430,956	11.00
11.00	01100	0	0	0	1,430,956	1,430,956	13.00
13.00	01300	2,416,610	1,395,088	3,811,698	-17,567,365	-13,755,667	13.00
14.00	01400	393,775	769,515	1,163,290	-960	1,162,330	14.00
15.00	01500	2,440,260	5,979,029	8,419,289	-5,834,129	2,585,160	15.00
16.00	01600	588,555	245,140	833,695	-190	833,505	16.00
17.00	01700	1,915,121	631,257	2,546,378	0	2,546,378	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	1	1	22.00
23.00	02300	341,546	280,077	621,623	0	621,623	23.00
23.01	02301	2,098	21,706	23,804	0	23,804	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	25,184,619	5,328,024	30,512,643	-3,738,621	26,774,022	30.00
31.00	03100	3,706,439	1,727,082	5,433,521	-591,174	4,842,347	31.00
35.00	02060	2,777,581	1,814,681	4,592,262	-185,032	4,407,230	35.00
43.00	04300	0	0	0	2,036,586	2,036,586	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,864,026	26,475,265	32,339,291	-453,904	31,885,387	50.00
51.00	05100	28,632	81,592	110,224	-16,466	93,758	51.00
52.00	05200	95,491	18,215	113,706	-257	113,449	52.00
53.00	05300	55,610	4,020,207	4,075,817	-200,819	3,874,998	53.00
54.00	05400	4,556,389	5,004,651	9,561,040	-1,134,148	8,426,892	54.00
54.01	05401	415,171	268,720	683,891	-26,878	657,013	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	24,991	20,478	45,469	0	45,469	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	1,186,552	7,736,370	8,922,922	-5,990,161	2,932,761	55.01
55.02	03140	1,019,342	443,458	1,462,800	-245,201	1,217,599	55.02
55.03	03450	436,057	121,013	557,070	-39,329	517,741	55.03
60.00	06000	0	12,871,274	12,871,274	-779,190	12,092,084	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,504,440	524,841	2,029,281	-359,808	1,669,473	65.00
66.00	06600	540,695	1,929	542,624	0	542,624	66.00
66.01	06601	707,910	45,719	753,629	-8,108	745,521	66.01
66.02	06602	175,841	33,733	209,574	-1,149	208,425	66.02
67.00	06700	236,650	55,445	292,095	0	292,095	67.00
67.01	06701	111,794	1,034	112,828	-865	111,963	67.01
67.02	06702	8,977	0	8,977	0	8,977	67.02
68.00	06800	181,570	678	182,248	-381	181,867	68.00
68.01	06801	214,585	1,946	216,531	-709	215,822	68.01
68.02	06802	2,525	1,732	4,257	0	4,257	68.02
69.00	06900	425,047	40,241	465,288	-4,704	460,584	69.00
71.00	07100	0	0	0	18,084,182	18,084,182	71.00
72.00	07200	0	0	0	11,797,966	11,797,966	72.00
73.00	07300	0	0	0	6,356,776	6,356,776	73.00
74.00	07400	0	537,495	537,495	-4,269	533,226	74.00
76.00	03020	376,358	729,361	1,105,719	-18,329	1,087,390	76.00
76.01	03040	238,930	17,569	256,499	-16,618	239,881	76.01
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	1,088	2,684	3,772	359	4,131	90.02
90.03	09003	0	0	0	-103,124	-103,124	90.03
90.04	09004	12,901	1,195	14,096	0	14,096	90.04
90.05	09005	28,977	0	28,977	0	28,977	90.05
91.00	09100	3,912,771	4,521,270	8,434,041	-892,722	7,541,319	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	12,554	-120	12,434	175	12,609	91.02
92.00	09200	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

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

Worksheet A
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		-3,930,548	-3,930,548	3,930,548	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	89,803,015	166,707,136	256,510,151	-5,762	256,504,389	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	1,431,337	135,910	1,567,247	0	1,567,247	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	3,587	3,587	0	3,587	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	1,471,475	1,471,475	0	1,471,475	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	114,395	5,902	120,297	0	120,297	194.04
194.05 07955 LAKESHORE JOINT VENTURE	95,367	13,822,084	13,917,451	5,762	13,923,213	194.05
194.06 07957 COVID VACCINE CLINIC	20,223	56	20,279	0	20,279	194.06
200.00 TOTAL (SUM OF LINES 118 through 199)	91,464,337	182,146,150	273,610,487	0	273,610,487	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

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

Worksheet A
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	838,792	6,835,767	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,053,630	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	143,461	20,518,286	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,908,471	50,582,946	5.00
6.00	00600	MAINTENANCE & REPAIRS	-4,250	2,035,902	6.00
7.00	00700	OPERATION OF PLANT	-100,066	11,523,775	7.00
7.01	00701	OPERATION OF PLANT - FP	-2,820	901,735	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,392,143	8.00
9.00	00900	HOUSEKEEPING	-177,456	1,994,641	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	94,132	9.01
10.00	01000	DIETARY	0	956,159	10.00
11.00	01100	CAFETERIA	-674,845	756,111	11.00
13.00	01300	NURSING ADMINISTRATION	-5,750	-13,761,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,232,925	-70,595	14.00
15.00	01500	PHARMACY	1,230,030	3,815,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,627,588	2,461,093	16.00
17.00	01700	SOCIAL SERVICE	0	2,546,378	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-151,066	470,557	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-81,546	-57,742	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-80,017	26,694,005	30.00
31.00	03100	INTENSIVE CARE UNIT	5,525	4,847,872	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-831,939	3,575,291	35.00
43.00	04300	NURSERY	0	2,036,586	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,641,936	25,243,451	50.00
51.00	05100	RECOVERY ROOM	0	93,758	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,957	108,492	52.00
53.00	05300	ANESTHESIOLOGY	-3,739,751	135,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,847	8,381,045	54.00
54.01	05401	RADIOLOGY - I-65	0	657,013	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	1,532	47,001	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	-1,460	2,931,301	55.01
55.02	03140	CARDIOLOGY	0	1,217,599	55.02
55.03	03450	NEURO-DIAGNOSTICS	-344	517,397	55.03
60.00	06000	LABORATORY	-3,697	12,088,387	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,669,473	65.00
66.00	06600	PHYSICAL THERAPY	0	542,624	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	745,521	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	668	209,093	66.02
67.00	06700	OCCUPATIONAL THERAPY	20	292,115	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	111,963	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	8,977	67.02
68.00	06800	SPEECH PATHOLOGY	0	181,867	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	215,822	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	4,257	68.02
69.00	06900	ELECTROCARDIOLOGY	0	460,584	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,084,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,797,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,356,776	73.00
74.00	07400	RENAL DIALYSIS	0	533,226	74.00
76.00	03020	RADIATION ONCOLOGY	0	1,087,390	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	239,881	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	4,131	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-2,535	-105,659	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	14,096	90.04
90.05	09005	LACTATION CLINIC	0	28,977	90.05
91.00	09100	EMERGENCY	-1,697,374	5,843,945	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	91.01
91.02	09102	EXPRESS CARE	0	12,609	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0126

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

Worksheet A
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-24,541,436	231,962,953	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,567,247	192.00
194.00	07950	FHC	0	0	194.00
194.01	07951	CONVENT	0	3,587	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	1,471,475	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	194.03
194.04	07954	CENTER OF HOPE	0	120,297	194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	13,923,213	194.05
194.06	07957	COVID VACCINE CLINIC	0	20,279	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-24,541,436	249,069,051	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	808,011	622,945	1.00
	0		808,011	622,945	
D - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,053,630	1.00
	0		0	2,053,630	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,882,148	1.00
2.00	OUTPATIENT CLINICS	90.02	0	359	2.00
3.00	EXPRESS CARE	91.02	0	175	3.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	29,882,682	
F - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	508,168	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	508,168	
G - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1	1.00
	0		0	1	
I - NURSERY					
1.00	NURSERY	43.00	1,701,327	335,259	1.00
	0		1,701,327	335,259	
J - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,356,776	1.00
2.00	RADIATION ONCOLOGY	76.00	0	62	2.00
3.00	LAKESHORE JOINT VENTURE	194.05	0	5,762	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	0		0	6,362,600	

Provider CCN: 15-0126

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

Worksheet A-6
Date/Time Prepared:
5/29/2023 9:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,797,966	1.00
	0		0	11,797,966	
L - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,817,817	1.00
2.00	INTEREST EXPENSE	113.00	0	5,748,365	2.00
	0		0	7,566,182	
500.00	Grand Total: Increases		2,509,338	59,129,433	500.00

RECLASSIFICATIONS

Provider CCN: 15-0126

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

Worksheet A-6
Date/Time Prepared:
5/29/2023 9:52 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	808,011	622,945	0	1.00
	O		808,011	622,945		
D - CAPITAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,053,630	9	1.00
	O		0	2,053,630		
E - CHARGEABLE SUPPLIES						
1.00		0.00	0	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	17,463,413	0	2.00
3.00		0.00	0	0	0	3.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,596,764	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	519,705	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	184,128	0	7.00
8.00	OPERATING ROOM	50.00	0	444,727	0	8.00
9.00	RECOVERY ROOM	51.00	0	13,708	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	257	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	176,617	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,085,775	0	12.00
13.00	RADIOLOGY - I-65	54.01	0	26,516	0	13.00
14.00	CARDIAC CATHETERIZATION LAB	55.01	0	5,982,802	0	14.00
15.00	CARDIOLOGY	55.02	0	245,201	0	15.00
16.00	NEURO-DIAGNOSTICS	55.03	0	39,329	0	16.00
17.00	LABORATORY	60.00	0	779,110	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	359,506	0	18.00
19.00	PHYSICAL THERAPY I-65	66.01	0	8,108	0	19.00
20.00	PHYSICAL THERAPY ST JOHN	66.02	0	1,149	0	20.00
21.00	OCCUPATION THERAPY I-65	67.01	0	865	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	4,704	0	22.00
23.00	RENAL DIALYSIS	74.00	0	2,749	0	23.00
24.00	RADIATION ONCOLOGY	76.00	0	18,391	0	24.00
25.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	58,465	0	25.00
26.00	EMERGENCY	91.00	0	852,985	0	26.00
28.00	SPEECH PATHOLOGY	68.00	0	381	0	28.00
29.00	SPEECH PATHOLOGY I-65	68.01	0	709	0	29.00
30.00	ANGIOCARDIOGRAPHY	76.01	0	16,618	0	30.00
	O		0	29,882,682		
F - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	504,254	12	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,700	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,034	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	180	0	4.00
	O		0	508,168		
G - INTERNS AND RESIDENTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1	0	1.00
	O		0	1		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,701,327	335,259	0	1.00
	O		1,701,327	335,259		
J - PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71,042	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	56	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	103,952	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	960	0	5.00
6.00	PHARMACY	15.00	0	5,834,129	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	190	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	103,571	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	69,435	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	904	0	10.00
11.00	OPERATING ROOM	50.00	0	9,177	0	11.00
12.00	RECOVERY ROOM	51.00	0	2,758	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	24,202	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,193	0	14.00
15.00	RADIOLOGY - I-65	54.01	0	362	0	15.00
16.00	CARDIAC CATHETERIZATION LAB	55.01	0	7,359	0	16.00
17.00	LABORATORY	60.00	0	80	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	302	0	18.00
19.00	RENAL DIALYSIS	74.00	0	1,520	0	19.00
20.00	OCCUPATIONAL MEDICINE CLINIC	90.03	0	44,659	0	20.00
21.00	EMERGENCY	91.00	0	39,737	0	21.00
	O		0	6,362,600		

Provider CCN: 15-0126

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

Worksheet A-6
Date/Time Prepared:
5/29/2023 9:52 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
K - IMPLANT RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,797,966	0	1.00
			0	11,797,966		
L - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,817,817	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,748,365	11	2.00
			0	7,566,182		
500.00	Grand Total: Decreases		2,509,338	59,129,433		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2023 9:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,914,478	494,883	0	494,883	650,549	1.00
2.00	Land Improvements	15,969,806	0	0	0	0	2.00
3.00	Buildings and Fixtures	149,965,160	687,293	0	687,293	63,014	3.00
4.00	Building Improvements	796,915	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	166,875,461	5,209,677	0	5,209,677	4,430,399	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	347,521,820	6,391,853	0	6,391,853	5,143,962	8.00
9.00	Reconciling Items	-77,259,061	-125,267,547	0	-125,267,547	0	9.00
10.00	Total (line 8 minus line 9)	424,780,881	131,659,400	0	131,659,400	5,143,962	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,758,812	0				1.00
2.00	Land Improvements	15,969,806	0				2.00
3.00	Buildings and Fixtures	150,589,439	9,450,532				3.00
4.00	Building Improvements	796,915	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	167,654,739	42,656,149				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	348,769,711	52,106,681				8.00
9.00	Reconciling Items	-202,526,608	0				9.00
10.00	Total (line 8 minus line 9)	551,296,319	52,106,681				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,724,620	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)	5,724,620	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	5,724,620				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,724,620				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0126

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	4,509,783	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,053,630	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,563,413	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,817,816	508,168	0	0	6,835,767 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,053,630 2.00
3.00	Total (sum of lines 1-2)	1,817,816	508,168	0	0	8,889,397 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0126

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

Worksheet A-8

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1	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		2.00
3.00 Investment income - other (chapter 2)	B	0	INTEREST EXPENSE	113.00	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-794,030	ADMINISTRATIVE & GENERAL	5.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-9,729	ADMINISTRATIVE & GENERAL	5.00		7.00
8.00 Television and radio service (chapter 21)		0		0.00		8.00
9.00 Parking lot (chapter 21)		0		0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-12,938,163				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-533,726				12.00
13.00 Laundry and linen service		0		0.00		13.00
14.00 Cafeteria-employees and guests	B	-663,073	CAFETERIA	11.00		14.00
15.00 Rental of quarters to employee and others		0		0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00 Sale of drugs to other than patients		0		0.00		17.00
18.00 Sale of medical records and abstracts		0		0.00		18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00 Vending machines	B	-11,772	CAFETERIA	11.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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		26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00		29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00		32.00
33.00 PENSION EXPENSE	A	143,461	EMPLOYEE BENEFITS DEPARTMENT	4.00		33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 HAF FEES	A	-7,332,356	ADMINISTRATIVE & GENERAL		5.00	0 33.01
34.00 ADVERTISING	A	-2,712	ADMINISTRATIVE & GENERAL		5.00	9 34.00
34.01 ADVERTISING	A	-2,820	OPERATION OF PLANT - FP		7.01	0 34.01
34.02 ADVERTISING	A	-284	NURSING ADMINISTRATION		13.00	0 34.02
34.03 ADVERTISING	A	-4,947	ADULTS & PEDIATRICS		30.00	0 34.03
34.04 ADVERTISING	A	5,525	INTENSIVE CARE UNIT		31.00	0 34.04
34.05 ADVERTISING	A	-653	RADIOLOGY-DIAGNOSTIC		54.00	0 34.05
34.06 ADVERTISING	A	-344	NEURO-DIAGNOSTICS		55.03	0 34.06
34.07 ADVERTISING	A	-2,535	OCCUPATIONAL MEDICINE CLINIC		90.03	0 34.07
35.00 NON ALLOWABLE INTEREST EXP	B		CAP REL COSTS-BLDG & FIXT		1.00	10 35.00
35.01 LOBBYING EXP	A	-6,242	ADMINISTRATIVE & GENERAL		5.00	0 35.01
35.02 PATIENT PHONES	A	-9,729	ADMINISTRATIVE & GENERAL		5.00	0 35.02
36.00 DEFERRED LEASE REVENUE	B	-1,090	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 ADMINISTRATIVE FEE	B	-19,427	ADMINISTRATIVE & GENERAL		5.00	0 37.00
38.00 DIETARY	A	-135,771	HOUSEKEEPING		9.00	0 38.00
39.00 CONTRACT REVENUE	B		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 39.00
40.00 DISCOUNTS EARNED/REBATES	B		ADMINISTRATIVE & GENERAL		5.00	0 40.00
40.01 DISCOUNTS EARNED/REBATES	B	-1,129,383	CENTRAL SERVICES & SUPPLY		14.00	0 40.01
40.02 DISCOUNTS EARNED/REBATES	B		PHARMACY		15.00	0 40.02
41.00 EDUCATION MISC REV	B	-236	ADMINISTRATIVE & GENERAL		5.00	0 41.00
42.00 MISC. SVCS/OTHER OPERATING JOINT VE	B		EMPLOYEE BENEFITS DEPARTMENT		4.00	0 42.00
42.01 MISC. SVCS/OTHER OPERATING JOINT VE	B	-352,837	ADMINISTRATIVE & GENERAL		5.00	0 42.01
42.02 MISC. SVCS/OTHER OPERATING JOINT VE	B	-4,250	MAINTENANCE & REPAIRS		6.00	0 42.02
42.03 MISC. SVCS/OTHER OPERATING JOINT VE	B	-100,066	OPERATION OF PLANT		7.00	0 42.03
42.04 MISC. SVCS/OTHER OPERATING JOINT VE	B		LAUNDRY & LINEN SERVICE		8.00	0 42.04
42.05 MISC. SVCS/OTHER OPERATING JOINT VE	B	-41,685	HOUSEKEEPING		9.00	0 42.05
42.06 MISC. SVCS/OTHER OPERATING JOINT VE	B	-2,250	NURSING ADMINISTRATION		13.00	0 42.06
42.07 MISC. SVCS/OTHER OPERATING JOINT VE	B	-95,000	CENTRAL SERVICES & SUPPLY		14.00	0 42.07
42.08 MISC. SVCS/OTHER OPERATING JOINT VE	B		PHARMACY		15.00	0 42.08
42.09 MISC. SVCS/OTHER OPERATING JOINT VE	B	-49,200	ADULTS & PEDIATRICS		30.00	0 42.09
42.10 MISC. SVCS/OTHER OPERATING JOINT VE	B		OPERATING ROOM		50.00	0 42.10
42.11 MISC. SVCS/OTHER OPERATING JOINT VE	B	-11,415	RADIOLOGY-DIAGNOSTIC		54.00	0 42.11
42.12 MISC. SVCS/OTHER OPERATING JOINT VE	B	-1,460	CARDIAC CATHETERIZATION LAB		55.01	0 42.12
42.13 MISC. SVCS/OTHER OPERATING JOINT VE	B	20	OCCUPATIONAL THERAPY		67.00	0 42.13
42.14 MISC. SVCS/OTHER OPERATING JOINT VE	B		OCCUPATION THERAPY I -65		67.01	0 42.14
43.00 LACTATION SERVICES	B		NURSERY		43.00	0 43.00
44.00 MEDICAL RECORDS	B		ADMINISTRATIVE & GENERAL		5.00	0 44.00
44.01 MEDICAL RECORDS	B	-28,717	RADIOLOGY-DIAGNOSTIC		54.00	0 44.01
45.00 PROGRAM FEES	B	-45,425	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.00
45.01 PROGRAM FEES	B		ECHOCARDIOLOGY EDUCATION PROGRAM		23.01	0 45.01
45.02 PROPERTY RENTAL	B		ADMINISTRATIVE & GENERAL		5.00	0 45.02
45.03 ST. CLARE CLINIC PROPERTY TAXES	B		CLINIC		90.00	0 45.03
46.00 PARAMED ED REV	B	-105,641	PARAMED ED PRGM-(SPECIFY)		23.00	0 46.00
46.01 PARAMED ED REV	B	-81,546	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01	0 46.01
47.00 SOCIAL ACCOUNTABILITY	A		ADMINISTRATIVE & GENERAL		5.00	0 47.00
48.00 DEPRECIATION ADJUSTMENT	A		ADMINISTRATIVE & GENERAL		5.00	0 48.00
49.00 PROPERTY TAX ADJUSTMENT	A	-138,238	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 PROPERTY TAX ADJUSTMENT	A	-25,870	ADULTS & PEDIATRICS		30.00	0 49.01
49.02 PROPERTY TAX ADJUSTMENT	A	-4,957	DELIVERY ROOM & LABOR ROOM		52.00	0 49.02
49.03 PROPERTY TAX ADJUSTMENT	A	-5,062	RADIOLOGY-DIAGNOSTIC		54.00	0 49.03
49.04 PROPERTY TAX ADJUSTMENT	A	1,532	LOWELL RADIOLOGY		54.03	0 49.04
49.05 PROPERTY TAX ADJUSTMENT	A	668	PHYSICAL THERAPY ST JOHN		66.02	0 49.05

Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet A-8 Date/Time Prepared: 5/29/2023 9:52 am
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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	4.00	5.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,541,436			50.00

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

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

Provider CCN: 15-0126

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2023 9:52 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	INTEREST	728,945	5,693,232 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	2,268,382	1,429,589 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	35,763,672	35,021,220 3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLIES	0	8,542 4.00
4.01	15.00	PHARMACY	COEP / PHARMACY	490,175	-739,855 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	1,627,828	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			40,879,002	41,412,728 5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0126

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2023 9:52 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-4,964,287	11		1.00
2.00	838,793	9		2.00
3.00	742,452	0		3.00
4.00	-8,542	0		4.00
4.01	1,230,030	0		4.01
4.02	1,627,828	0		4.02
5.00	-533,726			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0126

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2023 9:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	83,438	0	83,438	197,500	668	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	13,281	0	13,281	197,500	106	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	1,000	0	1,000	197,500	8	3.00
4.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	831,939	831,939	0	237,100	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	6,641,936	6,641,936	0	246,400	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	3,739,751	3,739,751	0	239,400	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	50,000	0	50,000	260,300	370	7.00
8.00	91.00	AGGREGATE-EMERGENCY	1,721,397	1,689,710	31,687	197,500	253	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			13,082,742	12,903,336	179,406		1,405	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	63,428	3,171	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	10,065	503	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	760	38	0	0	0	3.00
4.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	46,303	2,315	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	24,023	1,201	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			144,579	7,228	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	63,428	20,010	20,010		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	10,065	3,216	3,216		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	760	240	240		3.00
4.00	35.00	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	831,939		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	6,641,936		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	3,739,751		6.00
7.00	60.00	AGGREGATE-LABORATORY	0	46,303	3,697	3,697		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	24,023	7,664	1,697,374		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	144,579	34,827	12,938,163		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2023 9:52 am

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,835,767	6,835,767			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,053,630		2,053,630		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,518,286	82,827	8,175	20,609,288	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	50,582,946	2,029,919	37,185	4,618,086	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,035,902	15,106	250	123,583	6.00
7.00 00700	OPERATION OF PLANT	11,523,775	1,201,287	43,112	542,093	7.00
7.01 00701	OPERATION OF PLANT - FP	901,735	0	3,263	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,392,143	88,264	0	15,354	8.00
9.00 00900	HOUSEKEEPING	1,994,641	47,323	12,723	410,548	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	94,132	0	0	17,253	9.01
10.00 01000	DIETARY	956,159	243,552	8,835	123,329	10.00
11.00 01100	CAFETERIA	756,111	0	0	184,571	11.00
13.00 01300	NURSING ADMINISTRATION	-13,761,417	260,679	81,601	552,017	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-70,595	197,159	25,482	89,948	14.00
15.00 01500	PHARMACY	3,815,190	25,385	2,612	557,419	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,461,093	24,367	703	134,441	16.00
17.00 01700	SOCIAL SERVICE	2,546,378	56,090	92	437,463	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1	0	0	1	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	470,557	0	8,051	78,018	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	-57,742	0	7,884	479	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	26,694,005	913,305	148,411	5,364,216	30.00
31.00 03100	INTENSIVE CARE UNIT	4,847,872	150,359	119,459	846,647	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,575,291	188,901	41,369	634,472	35.00
43.00 04300	NURSERY	2,036,586	0	0	388,627	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,243,451	324,576	630,517	1,339,496	50.00
51.00 05100	RECOVERY ROOM	93,758	130,165	2,358	6,540	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	108,492	0	0	21,813	52.00
53.00 05300	ANESTHESIOLOGY	135,247	18,479	32,175	12,703	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,381,045	267,977	287,919	1,040,798	54.00
54.01 05401	RADIOLOGY - I-65	657,013	0	78,032	94,836	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	47,001	0	2,791	5,709	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	2,931,301	83,307	178,572	271,039	55.01
55.02 03140	CARDIOLOGY	1,217,599	0	77,798	232,844	55.02
55.03 03450	NEURO-DIAGNOSTICS	517,397	24,352	12,496	99,607	55.03
60.00 06000	LABORATORY	12,088,387	129,031	27,379	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,669,473	14,626	88,108	343,653	65.00
66.00 06600	PHYSICAL THERAPY	542,624	48,908	225	123,509	66.00
66.01 06601	PHYSICAL THERAPY I-65	745,521	0	5,328	161,705	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	209,093	0	1,769	40,167	66.02
67.00 06700	OCCUPATIONAL THERAPY	292,115	0	0	54,057	67.00
67.01 06701	OCCUPATIONAL THERAPY I-65	111,963	0	0	25,537	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	8,977	0	0	2,051	67.02
68.00 06800	SPEECH PATHOLOGY	181,867	0	0	41,475	68.00
68.01 06801	SPEECH PATHOLOGY I-65	215,822	0	0	49,017	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	4,257	0	0	577	68.02
69.00 06900	ELECTROCARDIOLOGY	460,584	1,323	11,782	97,092	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,084,182	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,797,966	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,356,776	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	533,226	7,502	0	0	74.00
76.00 03020	RADIATION ONCOLOGY	1,087,390	0	30,688	85,970	76.00
76.01 03040	ANGIOCARDIOGRAPHY	239,881	0	0	54,578	76.01
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	0	0	0	0	90.01
90.02 09002	OUTPATIENT CLINICS	4,131	0	1,419	249	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	-105,659	0	0	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	14,096	0	0	2,947	90.04
90.05 09005	LACTATION CLINIC	28,977	0	0	6,619	90.05
91.00 09100	EMERGENCY	5,843,945	260,998	27,024	893,779	91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2023 9:52 am

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	
91.02 09102 EXPRESS CARE	12,609	0	25	2,868	15,502	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	231,962,953	6,835,767	2,045,612	20,229,799	231,575,446	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	1,567,247	0	2,327	326,955	1,896,529	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	3,587	0	0	0	3,587	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	1,471,475	0	3,860	0	1,475,335	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	120,297	0	1,831	26,131	148,259	194.04
194.05 07955 LAKESHORE JOINT VENTURE	13,923,213	0	0	21,784	13,944,997	194.05
194.06 07957 COVID VACCINE CLINIC	20,279	0	0	4,619	24,898	194.06
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118 through 201)	249,069,051	6,835,767	2,053,630	20,609,288	249,069,051	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/29/2023 9:52 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE
				5.00	6.00	7.00	7.01	8.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	57,268,136					5.00
6.00	00600	MAINTENANCE & REPAIRS	608,081	2,782,922				6.00
7.00	00700	OPERATION OF PLANT	3,721,524	710,100	17,741,891			7.00
7.01	00701	OPERATION OF PLANT - FP	253,036	0	0	1,158,034		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	418,212	52,174	446,576	25,264	2,437,987	8.00
9.00	00900	HOUSEKEEPING	689,275	27,974	239,434	13,545	216,419	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	31,143	0	0	0	0	9.01
10.00	01000	DIETARY	372,390	143,967	1,232,259	69,711	29,342	10.00
11.00	01100	CAFETERIA	263,013	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	154,091	1,318,911	74,613	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,661	116,544	997,532	56,432	7,079	14.00
15.00	01500	PHARMACY	1,230,401	15,005	128,434	7,266	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	732,716	14,404	123,285	6,974	0	16.00
17.00	01700	SOCIAL SERVICE	849,984	33,156	283,790	16,055	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	155,632	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,260,282	539,869	4,620,898	261,411	1,231,272	30.00
31.00	03100	INTENSIVE CARE UNIT	1,667,617	88,880	760,746	43,037	83,811	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,241,424	111,662	955,751	54,068	57,857	35.00
43.00	04300	NURSERY	678,085	0	0	0	25,362	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,699,581	191,862	1,642,202	92,902	266,527	50.00
51.00	05100	RECOVERY ROOM	65,096	76,942	658,573	37,257	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,433	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	55,529	10,923	93,493	5,289	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,789,756	158,405	1,355,838	76,702	61,221	54.00
54.01	05401	RADIOLOGY - I-65	232,033	0	0	0	60,190	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	431	54.02
54.03	05403	LOWELL RADIOLOGY	15,518	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	968,589	49,244	421,492	23,845	21,347	55.01
55.02	03140	CARDIOLOGY	427,293	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	182,816	14,395	123,211	6,970	19,529	55.03
60.00	06000	LABORATORY	3,423,621	76,272	652,835	36,932	2,810	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	591,590	8,646	74,000	4,186	0	65.00
66.00	06600	PHYSICAL THERAPY	199,987	28,910	247,452	13,999	71,129	66.00
66.01	06601	PHYSICAL THERAPY I-65	255,148	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	70,187	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	96,789	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	38,445	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	3,083	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	62,446	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	74,048	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	1,352	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	159,589	782	6,694	379	14,496	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,056,301	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,298,688	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,777,342	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	151,186	4,435	37,956	2,147	0	74.00
76.00	03020	RADIATION ONCOLOGY	336,649	0	0	0	12,278	76.00
76.01	03040	ANGIOCARDIOGRAPHY	82,330	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,470	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	13,036	90.01
90.02	09002	OUTPATIENT CLINICS	1,621	0	0	0	68,544	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	4,765	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	9,953	0	0	0	0	90.05
91.00	09100	EMERGENCY	1,964,385	154,280	1,320,529	74,705	173,837	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	4,334	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,376,959	2,782,922	17,741,891	1,003,689	2,437,987
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	530,266	0	0	28,622	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	1,003	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	412,501	0	0	120,371	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	5,352	194.03
194.04	07954	CENTER OF HOPE	41,453	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	3,898,993	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	6,961	0	0	0	194.06
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)	57,268,136	2,782,922	17,741,891	1,158,034	2,437,987

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,651,882					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	142,528				9.01
10.00	01000	DIETARY	263,842	8,877	3,452,263			10.00
11.00	01100	CAFETERIA	0	0	0	1,203,695		11.00
13.00	01300	NURSING ADMINISTRATION	282,396	9,502	0	45,668	-10,981,939	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	213,584	7,186	0	14,167	0	14.00
15.00	01500	PHARMACY	27,499	925	0	45,582	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,397	888	0	12,601	0	16.00
17.00	01700	SOCIAL SERVICE	60,763	2,044	0	36,321	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	9,399	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	52	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	989,395	33,291	3,075,553	400,013	0	30.00
31.00	03100	INTENSIVE CARE UNIT	162,885	5,481	376,710	70,353	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	204,638	6,885	0	38,559	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	351,617	11,831	0	112,269	0	50.00
51.00	05100	RECOVERY ROOM	141,009	4,744	0	499	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,427	0	52.00
53.00	05300	ANESTHESIOLOGY	20,018	674	0	2,513	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,302	9,768	0	105,882	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	9,399	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	689	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	90,247	3,036	0	18,729	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	19,882	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	26,381	888	0	9,554	0	55.03
60.00	06000	LABORATORY	139,780	4,703	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	15,844	533	0	32,448	0	65.00
66.00	06600	PHYSICAL THERAPY	52,983	1,783	0	8,900	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	12,704	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	3,185	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,580	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	1,498	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	155	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,030	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	3,684	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	34	0	68.02
69.00	06900	ELECTROCARDIOLOGY	1,433	48	0	9,072	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,127	273	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	6,541	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	4,149	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	34	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	17,059	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	207	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	706	0	90.05
91.00	09100	EMERGENCY	282,742	9,513	0	80,647	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	189	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,651,882	122,873	3,452,263	1,142,380	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,645	0	27,938	0 192.00
194.00	07950	FHC	0	0	0	0	0 194.00
194.01	07951	CONVENT	0	0	0	0	0 194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	15,329	0	0	0 194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	681	0	0	0 194.03
194.04	07954	CENTER OF HOPE	0	0	0	1,962	0 194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	30,864	0 194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	551	0 194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	-10,981,939 201.00
202.00		TOTAL (sum lines 118 through 201)	3,651,882	142,528	3,452,263	1,203,695	-10,981,939 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - FP					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP					9.01
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	1,722,179				14.00
15.00	01500	PHARMACY	0	5,855,718			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,537,869		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,322,136	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	254,855	311,361	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	48,334	59,051	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	51,716	63,183	35.00
43.00	04300	NURSERY	0	0	34,255	41,850	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	381,804	466,456	50.00
51.00	05100	RECOVERY ROOM	0	0	37,492	45,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	88,535	108,164	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	678,681	829,019	54.00
54.01	05401	RADIOLOGY - I-65	0	0	80,535	98,391	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	1,569	1,917	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	170,614	208,442	55.01
55.02	03140	CARDIOLOGY	0	0	79,445	97,059	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	27,845	34,018	55.03
60.00	06000	LABORATORY	0	0	534,740	653,301	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	66,417	81,142	65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,923	8,458	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	12,149	14,843	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	3,320	4,056	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,244	7,628	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	1,485	1,814	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	205	251	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	5,415	6,616	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	5,412	6,611	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	47	58	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	25,172	30,753	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,050,529	0	196,300	239,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	671,650	0	144,100	176,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,855,718	169,843	207,501	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,949	6,047	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	59,555	72,759	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	3,575	4,367	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	192	235	90.04
90.05	09005	LACTATION CLINIC	0	0	25	30	90.05
91.00	09100	EMERGENCY	0	0	356,121	435,079	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	
	14.00	15.00	16.00	17.00	21.00		
OTHER REIMBURSABLE COST CENTERS							
102.00	10200	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)						0
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	
192.00	19200	0	0	0	0	0	
194.00	07950	0	0	0	0	0	
194.01	07951	0	0	0	0	0	
194.02	07952	0	0	0	0	0	
194.03	07953	0	0	0	0	0	
194.04	07954	0	0	0	0	0	
194.05	07955	0	0	0	0	0	
194.06	07957	0	0	0	0	0	
200.00	Cross Foot Adjustments						0
201.00	Negative Cost Centers						0
202.00	TOTAL (sum lines 118 through 201)						0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
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
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		721,657			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			-49,327		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	54,098,137	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	9,331,242	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	7,225,776	0 35.00
43.00 04300	NURSERY	0	0	0	3,204,765	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	38,755,091	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	1,300,237	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	169,165	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	583,742	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,333,313	0 54.00
54.01 05401	RADIOLOGY - I-65	0	0	0	1,310,429	0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	431	0 54.02
54.03 05403	LOWELL RADIOLOGY	0	0	0	75,194	0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	0	0	5,439,804	0 55.01
55.02 03140	CARDIOLOGY	0	0	0	2,151,920	0 55.02
55.03 03450	NEURO-DIAGNOSTICS	0	0	0	1,099,459	0 55.03
60.00 06000	LABORATORY	0	0	0	17,769,791	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,990,666	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,355,790	0 66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	0	1,207,398	0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	0	331,777	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	460,413	0 67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	180,742	0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	14,722	0 67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	300,849	0 68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	354,594	0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	6,325	0 68.02
69.00 06900	ELECTROCARDIOLOGY	0	0	0	819,199	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,627,135	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,088,453	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,367,180	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	755,848	0 74.00
76.00 03020	RADIATION ONCOLOGY	0	0	0	1,691,830	0 76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	388,880	0 76.01
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	1,470	0 90.00
90.01 09001	DIABETES CLINIC	0	0	0	13,036	0 90.01
90.02 09002	OUTPATIENT CLINICS	0	0	0	75,998	0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	-88,600	0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	22,442	0 90.04
90.05 09005	LACTATION CLINIC	0	0	0	46,310	0 90.05
91.00 09100	EMERGENCY	1	721,657	0	12,599,242	-1 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0 91.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

Period:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
91.02	09102 EXPRESS CARE	0	0	0	20,025	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1	721,657	0	237,480,220	-1	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,487,000	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	4,590	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	0	2,023,536	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	6,033	0	194.03
194.04	07954 CENTER OF HOPE	0	0	0	191,674	0	194.04
194.05	07955 LAKESHORE JOINT VENTURE	0	0	0	17,874,854	0	194.05
194.06	07957 COVID VACCINE CLINIC	0	0	0	32,410	0	194.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	-49,327	-11,031,266	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1	721,657	-49,327	249,069,051	-1	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/29/2023 9:52 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
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
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	54,098,137	30.00
31.00	03100	INTENSIVE CARE UNIT	9,331,242	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,225,776	35.00
43.00	04300	NURSERY	3,204,765	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	38,755,091	50.00
51.00	05100	RECOVERY ROOM	1,300,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	169,165	52.00
53.00	05300	ANESTHESIOLOGY	583,742	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,333,313	54.00
54.01	05401	RADIOLOGY - I-65	1,310,429	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	431	54.02
54.03	05403	LOWELL RADIOLOGY	75,194	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,439,804	55.01
55.02	03140	CARDIOLOGY	2,151,920	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,099,459	55.03
60.00	06000	LABORATORY	17,769,791	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,990,666	65.00
66.00	06600	PHYSICAL THERAPY	1,355,790	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,207,398	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	331,777	66.02
67.00	06700	OCCUPATIONAL THERAPY	460,413	67.00
67.01	06701	OCCUPATION THERAPY I-65	180,742	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	14,722	67.02
68.00	06800	SPEECH PATHOLOGY	300,849	68.00
68.01	06801	SPEECH PATHOLOGY I-65	354,594	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	6,325	68.02
69.00	06900	ELECTROCARDIOLOGY	819,199	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,627,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,088,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,367,180	73.00
74.00	07400	RENAL DIALYSIS	755,848	74.00
76.00	03020	RADIATION ONCOLOGY	1,691,830	76.00
76.01	03040	ANGIOCARDIOGRAPHY	388,880	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1,470	90.00
90.01	09001	DIABETES CLINIC	13,036	90.01
90.02	09002	OUTPATIENT CLINICS	75,998	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	-88,600	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	22,442	90.04
90.05	09005	LACTATION CLINIC	46,310	90.05
91.00	09100	EMERGENCY	12,599,241	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	91.01
91.02	09102	EXPRESS CARE	20,025	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0126

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Total	
		26.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	237,480,219	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,487,000	192.00
194.00	07950 FHC	0	194.00
194.01	07951 CONVENT	4,590	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	2,023,536	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	6,033	194.03
194.04	07954 CENTER OF HOPE	191,674	194.04
194.05	07955 LAKESHORE JOINT VENTURE	17,874,854	194.05
194.06	07957 COVID VACCINE CLINIC	32,410	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-11,031,266	201.00
202.00	TOTAL (sum lines 118 through 201)	249,069,050	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	82,827	8,175	91,002	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,029,919	37,185	2,067,104	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	15,106	250	15,356	6.00
7.00 00700	OPERATION OF PLANT	0	1,201,287	43,112	1,244,399	7.00
7.01 00701	OPERATION OF PLANT - FP	0	0	3,263	3,263	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	88,264	0	88,264	8.00
9.00 00900	HOUSEKEEPING	0	47,323	12,723	60,046	9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	9.01
10.00 01000	DIETARY	0	243,552	8,835	252,387	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	260,679	81,601	342,280	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	197,159	25,482	222,641	14.00
15.00 01500	PHARMACY	0	25,385	2,612	27,997	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,367	703	25,070	16.00
17.00 01700	SOCIAL SERVICE	0	56,090	92	56,182	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	8,051	8,051	23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	7,884	7,884	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	913,305	148,411	1,061,716	30.00
31.00 03100	INTENSIVE CARE UNIT	0	150,359	119,459	269,818	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	188,901	41,369	230,270	35.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	324,576	630,517	955,093	50.00
51.00 05100	RECOVERY ROOM	0	130,165	2,358	132,523	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	18,479	32,175	50,654	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	267,977	287,919	555,896	54.00
54.01 05401	RADIOLOGY - I-65	0	0	78,032	78,032	54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	54.02
54.03 05403	LOWELL RADIOLOGY	0	0	2,791	2,791	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	CARDIAC CATHETERIZATION LAB	0	83,307	178,572	261,879	55.01
55.02 03140	CARDIOLOGY	0	0	77,798	77,798	55.02
55.03 03450	NEURO-DIAGNOSTICS	0	24,352	12,496	36,848	55.03
60.00 06000	LABORATORY	0	129,031	27,379	156,410	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	14,626	88,108	102,734	65.00
66.00 06600	PHYSICAL THERAPY	0	48,908	225	49,133	66.00
66.01 06601	PHYSICAL THERAPY I-65	0	0	5,328	5,328	66.01
66.02 06602	PHYSICAL THERAPY ST JOHN	0	0	1,769	1,769	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01 06701	OCCUPATION THERAPY I-65	0	0	0	0	67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	67.02
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01 06801	SPEECH PATHOLOGY I-65	0	0	0	0	68.01
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	0	0	68.02
69.00 06900	ELECTROCARDIOLOGY	0	1,323	11,782	13,105	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	7,502	0	7,502	74.00
76.00 03020	RADIATION ONCOLOGY	0	0	30,688	30,688	76.00
76.01 03040	ANGIOCARDIOGRAPHY	0	0	0	0	76.01
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CLINIC	0	0	0	0	90.01
90.02 09002	OUTPATIENT CLINICS	0	0	1,419	1,419	90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	90.04
90.05 09005	LACTATION CLINIC	0	0	0	0	90.05
91.00 09100	EMERGENCY	0	260,998	27,024	288,022	91.00
91.01 09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	91.01
91.02 09102	EXPRESS CARE	0	0	25	25	91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
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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	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)	0	1.00	2.00	2A	4.00	92.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	6,835,767	2,045,612	8,881,379	89,327	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	2,327	2,327	1,444	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	3,860	3,860	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	1,831	1,831	115	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	0	0	96	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	0	0	20	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	0	6,835,767	2,053,630	8,889,397	91,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
			5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,087,503					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,166	38,068				6.00
7.00	00700	OPERATION OF PLANT	135,658	9,713	1,392,165			7.00
7.01	00701	OPERATION OF PLANT - FP	9,224	0	0	12,487		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	15,245	714	35,042	272	139,605	8.00
9.00	00900	HOUSEKEEPING	25,126	383	18,788	146	12,393	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	1,135	0	0	0	0	9.01
10.00	01000	DIETARY	13,574	1,969	96,692	752	1,680	10.00
11.00	01100	CAFETERIA	9,587	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,108	103,492	805	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,466	1,594	78,274	609	405	14.00
15.00	01500	PHARMACY	44,851	205	10,078	78	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,709	197	9,674	75	0	16.00
17.00	01700	SOCIAL SERVICE	30,984	454	22,268	173	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	5,673	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	337,507	7,385	362,591	2,818	70,507	30.00
31.00	03100	INTENSIVE CARE UNIT	60,789	1,216	59,694	464	4,799	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	45,253	1,527	74,996	583	3,313	35.00
43.00	04300	NURSERY	24,718	0	0	0	1,452	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	280,668	2,625	128,860	1,002	15,262	50.00
51.00	05100	RECOVERY ROOM	2,373	1,053	51,677	402	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,328	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,024	149	7,336	57	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,693	2,167	106,389	827	3,506	54.00
54.01	05401	RADIOLOGY - I-65	8,458	0	0	0	3,447	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	25	54.02
54.03	05403	LOWELL RADIOLOGY	566	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	35,307	674	33,074	257	1,222	55.01
55.02	03140	CARDIOLOGY	15,576	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	6,664	197	9,668	75	1,118	55.03
60.00	06000	LABORATORY	124,799	1,043	51,226	398	161	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	21,565	118	5,807	45	0	65.00
66.00	06600	PHYSICAL THERAPY	7,290	395	19,417	151	4,073	66.00
66.01	06601	PHYSICAL THERAPY I-65	9,301	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	2,558	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,528	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	1,401	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	112	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	2,276	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	2,699	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	49	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	5,817	11	525	4	830	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	184,314	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,245	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,788	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,511	61	2,978	23	0	74.00
76.00	03020	RADIATION ONCOLOGY	12,272	0	0	0	703	76.00
76.01	03040	ANGIOCARDIOGRAPHY	3,001	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	84	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	746	90.01
90.02	09002	OUTPATIENT CLINICS	59	0	0	0	3,925	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	174	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	363	0	0	0	0	90.05
91.00	09100	EMERGENCY	71,606	2,110	103,619	806	9,954	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	158	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT - FP	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,909,208	38,068	1,392,165	10,822	139,605
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,329	0	0	309	192.00
194.00	07950	FHC	0	0	0	0	194.00
194.01	07951	CONVENT	37	0	0	0	194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	15,037	0	0	1,298	194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	58	194.03
194.04	07954	CENTER OF HOPE	1,511	0	0	0	194.04
194.05	07955	LAKESHORE JOINT VENTURE	142,127	0	0	0	194.05
194.06	07957	COVID VACCINE CLINIC	254	0	0	0	194.06
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)	2,087,503	38,068	1,392,165	12,487	139,605

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description			HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - FP						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	118,695					9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	1,211				9.01
10.00	01000	DIETARY	8,576	75	376,250			10.00
11.00	01100	CAFETERIA	0	0	0	10,402		11.00
13.00	01300	NURSING ADMINISTRATION	9,179	81	0	395	460,778	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,942	61	0	122	0	14.00
15.00	01500	PHARMACY	894	8	0	394	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	858	8	0	109	0	16.00
17.00	01700	SOCIAL SERVICE	1,975	17	0	314	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	81	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,157	281	335,194	3,457	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,294	47	41,056	608	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,651	59	0	333	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,428	101	0	970	0	50.00
51.00	05100	RECOVERY ROOM	4,583	40	0	4	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21	0	52.00
53.00	05300	ANESTHESIOLOGY	651	6	0	22	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,436	83	0	915	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	81	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	6	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	2,933	26	0	162	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	172	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	857	8	0	83	0	55.03
60.00	06000	LABORATORY	4,543	40	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	515	5	0	280	0	65.00
66.00	06600	PHYSICAL THERAPY	1,722	15	0	77	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	110	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	28	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	31	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	13	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	1	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	26	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	32	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	47	0	0	78	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	264	2	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	57	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	36	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	147	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	2	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	6	0	90.05
91.00	09100	EMERGENCY	9,190	81	0	697	0	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	2	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		HOUSEKEEPING	ENVIRONMENTAL SERVICES - FP	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,695	1,044	376,250	9,872	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	31	0	241	0 192.00
194.00	07950	FHC	0	0	0	0	0 194.00
194.01	07951	CONVENT	0	0	0	0	0 194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	130	0	0	0 194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	6	0	0	0 194.03
194.04	07954	CENTER OF HOPE	0	0	0	17	0 194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	267	0 194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	5	0 194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	460,778 201.00
202.00		TOTAL (sum lines 118 through 201)	118,695	1,211	376,250	10,402	460,778 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

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Part II
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
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	301,166					14.00
15.00 01500 PHARMACY	0	86,967				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	63,294			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	114,299		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	4,561	8,271		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	865	1,569		31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	925	1,678		35.00
43.00 04300 NURSERY	0	0	613	1,112		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	6,832	12,391		50.00
51.00 05100 RECOVERY ROOM	0	0	671	1,217		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	1,584	2,873		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,129	21,505		54.00
54.01 05401 RADIOLOGY - I-65	0	0	1,441	2,614		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0	28	51		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	3,053	5,537		55.01
55.02 03140 RADIOLOGY	0	0	1,422	2,578		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	498	904		55.03
60.00 06000 LABORATORY	0	0	9,569	17,354		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	1,189	2,155		65.00
66.00 06600 PHYSICAL THERAPY	0	0	124	225		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	217	394		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	59	108		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	112	203		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	27	48		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	4	7		67.02
68.00 06800 SPEECH PATHOLOGY	0	0	97	176		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	97	176		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	1	2		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	450	817		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	183,711	0	3,513	6,371		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	117,455	0	2,579	4,677		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	86,967	3,039	5,512		73.00
74.00 07400 RENAL DIALYSIS	0	0	89	161		74.00
76.00 03020 RADIATION ONCOLOGY	0	0	1,066	1,933		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	64	116		76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	3	6		90.04
90.05 09005 LACTATION CLINIC	0	0	0	1		90.05
91.00 09100 EMERGENCY	0	0	6,373	11,557		91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0		91.01
91.02 09102 EXPRESS CARE	0	0	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126			Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	APPRV
		14.00	15.00	16.00	17.00	21.00		
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	301,166	86,967	63,294	114,299	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	FHC	0	0	0	0		194.00
194.01	07951	CONVENT	0	0	0	0		194.01
194.02	07952	OTHER NON REIMB - BUILDINGS	0	0	0	0		194.02
194.03	07953	OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0		194.03
194.04	07954	CENTER OF HOPE	0	0	0	0		194.04
194.05	07955	LAKESHORE JOINT VENTURE	0	0	0	0		194.05
194.06	07957	COVID VACCINE CLINIC	0	0	0	0		194.06
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	12,345	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	313,511	86,967	63,294	114,299		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - FP					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
9.01 01851	ENVIRONMENTAL SERVICES - FP					9.01
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
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		14,150			23.00
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM			7,886		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			2,250,107		0 30.00
31.00 03100	INTENSIVE CARE UNIT			449,959		0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT			368,391		0 35.00
43.00 04300	NURSERY			29,612		0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,421,149		0 50.00
51.00 05100	RECOVERY ROOM			194,572		0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			1,445		0 52.00
53.00 05300	ANESTHESIOLOGY			65,412		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			819,143		0 54.00
54.01 05401	RADIOLOGY - I-65			94,492		0 54.01
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ			25		0 54.02
54.03 05403	LOWELL RADIOLOGY			3,467		0 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC			0		0 55.00
55.01 05501	CARDIAC CATHERIZATION LAB			345,321		0 55.01
55.02 03140	CARDIOLOGY			98,575		0 55.02
55.03 03450	NEURO-DIAGNOSTICS			57,360		0 55.03
60.00 06000	LABORATORY			365,543		0 60.00
60.01 06001	BLOOD LABORATORY			0		0 60.01
65.00 06500	RESPIRATORY THERAPY			135,931		0 65.00
66.00 06600	PHYSICAL THERAPY			83,168		0 66.00
66.01 06601	PHYSICAL THERAPY I-65			16,064		0 66.01
66.02 06602	PHYSICAL THERAPY ST JOHN			4,699		0 66.02
67.00 06700	OCCUPATIONAL THERAPY			4,113		0 67.00
67.01 06701	OCCUPATION THERAPY I-65			1,602		0 67.01
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN			133		0 67.02
68.00 06800	SPEECH PATHOLOGY			2,758		0 68.00
68.01 06801	SPEECH PATHOLOGY I-65			3,221		0 68.01
68.02 06802	SPEECH THERAPY ST. JOHN			55		0 68.02
69.00 06900	ELECTROCARDIOLOGY			22,113		0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			377,909		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			244,956		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			160,306		0 73.00
74.00 07400	RENAL DIALYSIS			16,591		0 74.00
76.00 03020	RADIATION ONCOLOGY			47,099		0 76.00
76.01 03040	ANGIOCARDIOGRAPHY			3,458		0 76.01
77.00 07700	ALLOGENEIC HSCT ACQUISITION			0		0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC			84		0 90.00
90.01 09001	DIABETES CLINIC			746		0 90.01
90.02 09002	OUTPATIENT CLINICS			5,404		0 90.02
90.03 09003	OCCUPATIONAL MEDICINE CLINIC			147		0 90.03
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT			198		0 90.04
90.05 09005	LACTATION CLINIC			399		0 90.05
91.00 09100	EMERGENCY			507,963		0 91.00
91.01 09101	EMERGENCY ROOM PHYSICANS			0		0 91.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	ECHOCARDIOLOGY EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
91.02	09102 EXPRESS CARE				198	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM				0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	8,203,888	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES				23,681	0	192.00
194.00	07950 FHC				0	0	194.00
194.01	07951 CONVENT				37	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS				20,325	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH				64	0	194.03
194.04	07954 CENTER OF HOPE				3,474	0	194.04
194.05	07955 LAKESHORE JOINT VENTURE				142,490	0	194.05
194.06	07957 COVID VACCINE CLINIC				279	0	194.06
200.00	Cross Foot Adjustments	0	14,150	0	14,150	0	200.00
201.00	Negative Cost Centers	0	0	7,886	481,009	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	14,150	7,886	8,889,397	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/29/2023 9:52 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT - FP		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP		9.01
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
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,250,107	30.00
31.00	03100	INTENSIVE CARE UNIT	449,959	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	368,391	35.00
43.00	04300	NURSERY	29,612	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,421,149	50.00
51.00	05100	RECOVERY ROOM	194,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,445	52.00
53.00	05300	ANESTHESIOLOGY	65,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	819,143	54.00
54.01	05401	RADIOLOGY - I-65	94,492	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	25	54.02
54.03	05403	LOWELL RADIOLOGY	3,467	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	345,321	55.01
55.02	03140	CARDIOLOGY	98,575	55.02
55.03	03450	NEURO-DIAGNOSTICS	57,360	55.03
60.00	06000	LABORATORY	365,543	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	135,931	65.00
66.00	06600	PHYSICAL THERAPY	83,168	66.00
66.01	06601	PHYSICAL THERAPY I-65	16,064	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	4,699	66.02
67.00	06700	OCCUPATIONAL THERAPY	4,113	67.00
67.01	06701	OCCUPATION THERAPY I-65	1,602	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	133	67.02
68.00	06800	SPEECH PATHOLOGY	2,758	68.00
68.01	06801	SPEECH PATHOLOGY I-65	3,221	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	55	68.02
69.00	06900	ELECTROCARDIOLOGY	22,113	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	377,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	244,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	160,306	73.00
74.00	07400	RENAL DIALYSIS	16,591	74.00
76.00	03020	RADIATION ONCOLOGY	47,099	76.00
76.01	03040	ANGIOCARDIOGRAPHY	3,458	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	84	90.00
90.01	09001	DIABETES CLINIC	746	90.01
90.02	09002	OUTPATIENT CLINICS	5,404	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	147	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	198	90.04
90.05	09005	LACTATION CLINIC	399	90.05
91.00	09100	EMERGENCY	507,963	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	91.01
91.02	09102	EXPRESS CARE	198	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
102.00	10200	OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00

5/29/2023 9:52 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0126

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Total	
		26.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,203,888	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	23,681	192.00
194.00	07950 FHC	0	194.00
194.01	07951 CONVENT	37	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	20,325	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVORIAL HEALTH	64	194.03
194.04	07954 CENTER OF HOPE	3,474	194.04
194.05	07955 LAKESHORE JOINT VENTURE	142,490	194.05
194.06	07957 COVID VACCINE CLINIC	279	194.06
200.00	Cross Foot Adjustments	14,150	200.00
201.00	Negative Cost Centers	481,009	201.00
202.00	TOTAL (sum lines 118 through 201)	8,889,397	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared: 5/29/2023 9:52 am

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				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,178				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,471,532			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,697	17,799	90,222,932		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	139,622	80,965	20,216,988	-57,268,136	204,823,073
6.00 00600	MAINTENANCE & REPAIRS	1,039	545	541,021	0	2,174,841
7.00 00700	OPERATION OF PLANT	82,627	93,872	2,373,165	0	13,310,267
7.01 00701	OPERATION OF PLANT - FP	0	7,105	0	0	904,998
8.00 00800	LAUNDRY & LINEN SERVICE	6,071	0	67,216	0	1,495,761
9.00 00900	HOUSEKEEPING	3,255	27,703	1,797,292	0	2,465,235
9.01 01851	ENVIRONMENTAL SERVICES - FP	0	0	75,529	0	111,385
10.00 01000	DIETARY	16,752	19,238	539,910	0	1,331,875
11.00 01100	CAFETERIA	0	0	808,011	0	940,682
13.00 01300	NURSING ADMINISTRATION	17,930	177,677	2,416,610	12,867,120	0
14.00 01400	CENTRAL SERVICES & SUPPLY	13,561	55,484	393,775	0	241,994
15.00 01500	PHARMACY	1,746	5,688	2,440,260	0	4,400,606
16.00 01600	MEDICAL RECORDS & LIBRARY	1,676	1,531	588,555	0	2,620,604
17.00 01700	SOCIAL SERVICE	3,858	201	1,915,121	0	3,040,023
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	17,529	341,546	0	556,626
23.01 02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	17,166	2,098	49,379	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	62,819	323,146	23,483,292	0	33,119,937
31.00 03100	INTENSIVE CARE UNIT	10,342	260,108	3,706,439	0	5,964,337
35.00 02060	NEONATAL INTENSIVE CARE UNIT	12,993	90,075	2,777,581	0	4,440,033
43.00 04300	NURSERY	0	0	1,701,327	0	2,425,213
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,325	1,372,874	5,864,026	0	27,538,040
51.00 05100	RECOVERY ROOM	8,953	5,134	28,632	0	232,821
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	95,491	0	130,305
53.00 05300	ANESTHESIOLOGY	1,271	70,058	55,610	0	198,604
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,432	626,909	4,556,389	0	9,977,739
54.01 05401	RADIOLOGY - I-65	0	169,905	415,171	0	829,881
54.02 05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0
54.03 05403	LOWELL RADIOLOGY	0	6,077	24,991	0	55,501
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	CARDIAC CATHETERIZATION LAB	5,730	388,819	1,186,552	0	3,464,219
55.02 03140	CARDIOLOGY	0	169,396	1,019,342	0	1,528,241
55.03 03450	NEURO-DIAGNOSTICS	1,675	27,209	436,057	0	653,852
60.00 06000	LABORATORY	8,875	59,614	0	0	12,244,797
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,006	191,845	1,504,440	0	2,115,860
66.00 06600	PHYSICAL THERAPY	3,364	489	540,695	0	715,266
66.01 06601	PHYSICAL THERAPY I-65	0	11,602	707,910	0	912,554
66.02 06602	PHYSICAL THERAPY ST JOHN	0	3,852	175,841	0	251,029
67.00 06700	OCCUPATIONAL THERAPY	0	0	236,650	0	346,172
67.01 06701	OCCUPATIONAL THERAPY I-65	0	0	111,794	0	137,500
67.02 06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	8,977	0	11,028
68.00 06800	SPEECH PATHOLOGY	0	0	181,570	0	223,342
68.01 06801	SPEECH PATHOLOGY I-65	0	0	214,585	0	264,839
68.02 06802	SPEECH THERAPY ST. JOHN	0	0	2,525	0	4,834
69.00 06900	ELECTROCARDIOLOGY	91	25,654	425,047	0	570,781
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	18,084,182
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,797,966
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,356,776
74.00 07400	RENAL DIALYSIS	516	0	0	0	540,728
76.00 03020	RADIATION ONCOLOGY	0	66,819	376,358	0	1,204,048
76.01 03040	ANGIOCARDIOGRAPHY	0	0	238,930	0	294,459
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CLINIC	0	0	0	0	0
90.02 09002	OUTPATIENT CLINICS	0	3,089	1,088	0	5,799
90.03 09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	105,659	0
90.04 09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	12,901	0	17,043
90.05 09005	LACTATION CLINIC	0	0	28,977	0	35,596
91.00 09100	EMERGENCY	17,952	58,842	3,912,771	0	7,025,746
91.01 09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

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				
91.02 09102 EXPRESS CARE	0	55	12,554	0	15,502	91.02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	470,178	4,454,074	88,561,610	-44,245,978	187,329,468	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	5,067	1,431,337	0	1,896,529	192.00	
194.00 07950 FHC	0	0	0	0	0	194.00	
194.01 07951 CONVENT	0	0	0	0	3,587	194.01	
194.02 07952 OTHER NON REIMB - BUILDINGS	0	8,405	0	0	1,475,335	194.02	
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03	
194.04 07954 CENTER OF HOPE	0	3,986	114,395	0	148,259	194.04	
194.05 07955 LAKESHORE JOINT VENTURE	0	0	95,367	0	13,944,997	194.05	
194.06 07957 COVID VACCINE CLINIC	0	0	20,223	0	24,898	194.06	
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)	6,835,767	2,053,630	20,609,288		57,268,136	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	14.538679	0.459268	0.228426		0.279598	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			91,002		2,087,503	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001009		0.010192	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: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		6.00	7.00	7.01	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	323,820				6.00	
7.00	00700	OPERATION OF PLANT	82,627	241,193			7.00	
7.01	00701	OPERATION OF PLANT - FP	0	0	278,283		7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	6,071	6,071	6,071	910,223	8.00	
9.00	00900	HOUSEKEEPING	3,255	3,255	3,255	80,800	231,867	9.00
9.01	01851	ENVIRONMENTAL SERVICES - FP	0	0	0	0	0	9.01
10.00	01000	DIETARY	16,752	16,752	16,752	10,955	16,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,930	17,930	17,930	0	17,930	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,561	13,561	13,561	2,643	13,561	14.00
15.00	01500	PHARMACY	1,746	1,746	1,746	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,676	1,676	1,676	0	1,676	16.00
17.00	01700	SOCIAL SERVICE	3,858	3,858	3,858	0	3,858	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,819	62,819	62,819	459,695	62,819	30.00
31.00	03100	INTENSIVE CARE UNIT	10,342	10,342	10,342	31,291	10,342	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,993	12,993	12,993	21,601	12,993	35.00
43.00	04300	NURSERY	0	0	0	9,469	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,325	22,325	22,325	99,508	22,325	50.00
51.00	05100	RECOVERY ROOM	8,953	8,953	8,953	0	8,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,271	1,271	1,271	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,432	18,432	18,432	22,857	18,432	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	22,472	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	161	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,730	5,730	5,730	7,970	5,730	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,675	1,675	1,675	7,291	1,675	55.03
60.00	06000	LABORATORY	8,875	8,875	8,875	1,049	8,875	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,006	1,006	1,006	0	1,006	65.00
66.00	06600	PHYSICAL THERAPY	3,364	3,364	3,364	26,556	3,364	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	91	91	91	5,412	91	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	516	516	516	0	516	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	4,584	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	549	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	4,867	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	25,591	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	17,952	17,952	17,952	64,902	17,952	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - FP (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		6.00	7.00	7.01	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	323,820	241,193	241,193	910,223	231,867	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,878	0	0	192.00
194.00	07950 FHC	0	0	0	0	0	194.00
194.01	07951 CONVENT	0	0	0	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	28,926	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	1,286	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	0	0	0	194.04
194.05	07955 LAKESHORE JOINT VENTURE	0	0	0	0	0	194.05
194.06	07957 COVID VACCINE CLINIC	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,782,922	17,741,891	1,158,034	2,437,987	3,651,882	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.594040	73.558897	4.161354	2.678450	15.749900	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,068	1,392,165	12,487	139,605	118,695	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.117559	5.771996	0.044872	0.153375	0.511910	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: 15-0126

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

Worksheet B-1
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	01851	268,957					9.01
10.00	01000	16,752	179,766				10.00
11.00	01100	0	0	69,926			11.00
13.00	01300	17,930	0	2,653	48,677		13.00
14.00	01400	13,561	0	823	0	100	14.00
15.00	01500	1,746	0	2,648	0	0	15.00
16.00	01600	1,676	0	732	335	0	16.00
17.00	01700	3,858	0	2,110	796	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	546	248	0	23.00
23.01	02301	0	0	3	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	62,819	160,150	23,238	24,988	0	30.00
31.00	03100	10,342	19,616	4,087	4,609	0	31.00
35.00	02060	12,993	0	2,240	3,993	0	35.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,325	0	6,522	5,297	0	50.00
51.00	05100	8,953	0	29	61	0	51.00
52.00	05200	0	0	141	0	0	52.00
53.00	05300	1,271	0	146	0	0	53.00
54.00	05400	18,432	0	6,151	201	0	54.00
54.01	05401	0	0	546	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	40	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
55.01	05501	5,730	0	1,088	506	0	55.01
55.02	03140	0	0	1,155	537	0	55.02
55.03	03450	1,675	0	555	13	0	55.03
60.00	06000	8,875	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,006	0	1,885	0	0	65.00
66.00	06600	3,364	0	517	0	0	66.00
66.01	06601	0	0	738	0	0	66.01
66.02	06602	0	0	185	0	0	66.02
67.00	06700	0	0	208	0	0	67.00
67.01	06701	0	0	87	0	0	67.01
67.02	06702	0	0	9	0	0	67.02
68.00	06800	0	0	176	0	0	68.00
68.01	06801	0	0	214	0	0	68.01
68.02	06802	0	0	2	0	0	68.02
69.00	06900	91	0	527	304	0	69.00
71.00	07100	0	0	0	0	61	71.00
72.00	07200	0	0	0	0	39	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	516	0	0	0	0	74.00
76.00	03020	0	0	380	89	0	76.00
76.01	03040	0	0	241	0	0	76.01
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	2	0	0	90.02
90.03	09003	0	0	991	0	0	90.03
90.04	09004	0	0	12	3	0	90.04
90.05	09005	0	0	41	17	0	90.05
91.00	09100	17,952	0	4,685	5,817	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	11	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

5/29/2023 9:52 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	ENVIRONMENTAL SERVICES - FP (ASSIGNED TIME)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.01	10.00	11.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	231,867	179,766	66,364	47,814	100	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	6,878	0	1,623	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	28,926	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	1,286	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	114	79	0	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	1,793	784	0	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	32	0	0	194.06
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)	142,528	3,452,263	1,203,695	-10,981,939	1,722,179	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.529929	19.204204	17.213840	0.000000	17,221.790000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,211	376,250	10,402	460,778	313,511	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.004503	2.092999	0.148757	9.466031	3,011.660000	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: 15-0126

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

Worksheet B-1
Date/Time Prepared: 5/29/2023 9:52 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT - FP						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 01851 ENVIRONMENTAL SERVICES - FP						9.01
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	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,072,900,145				16.00
17.00 01700 SOCIAL SERVICE	0	0	1,072,900,145			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	100	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 ECHOCARDIOLOGY EDUCATION PROGRAM	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	77,299,098	77,299,098	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	14,660,055	14,660,055	0	0	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	15,685,831	15,685,831	0	0	35.00
43.00 04300 NURSERY	0	10,389,705	10,389,705	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	115,803,450	115,803,450	0	0	50.00
51.00 05100 RECOVERY ROOM	0	11,371,524	11,371,524	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	26,853,112	26,853,112	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	205,691,244	205,691,244	0	0	54.00
54.01 05401 RADIOLOGY - I-65	0	24,426,822	24,426,822	0	0	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03 05403 LOWELL RADIOLOGY	0	476,011	476,011	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 CARDIAC CATHERIZATION LAB	0	51,748,258	51,748,258	0	0	55.01
55.02 03140 RADIOLOGY	0	24,096,146	24,096,146	0	0	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	8,445,438	8,445,438	0	0	55.03
60.00 06000 LABORATORY	0	162,189,906	162,189,906	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	20,144,564	20,144,564	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	2,099,821	2,099,821	0	0	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	3,684,910	3,684,910	0	0	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	1,006,854	1,006,854	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,893,860	1,893,860	0	0	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	450,311	450,311	0	0	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	62,328	62,328	0	0	67.02
68.00 06800 SPEECH PATHOLOGY	0	1,642,388	1,642,388	0	0	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	1,641,342	1,641,342	0	0	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	14,320	14,320	0	0	68.02
69.00 06900 ELECTROCARDIOLOGY	0	7,634,901	7,634,901	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	59,539,070	59,539,070	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,706,319	43,706,319	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	51,514,540	51,514,540	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	1,501,146	1,501,146	0	0	74.00
76.00 03020 RADIATION ONCOLOGY	0	18,063,254	18,063,254	0	0	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	1,084,259	1,084,259	0	0	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	58,281	58,281	0	0	90.04
90.05 09005 LACTATION CLINIC	0	7,488	7,488	0	0	90.05
91.00 09100 EMERGENCY	0	108,013,589	108,013,589	100	100	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
91.02 09102 EXPRESS CARE	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
102.00 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	102.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	100	1,072,900,145	1,072,900,145	100	100	118.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 FHC	0	0	0	0	0	194.00
194.01 07951 CONVENT	0	0	0	0	0	194.01
194.02 07952 OTHER NON REIMB - BUILDINGS	0	0	0	0	0	194.02
194.03 07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	0	0	0	194.03
194.04 07954 CENTER OF HOPE	0	0	0	0	0	194.04
194.05 07955 LAKESHORE JOINT VENTURE	0	0	0	0	0	194.05
194.06 07957 COVID VACCINE CLINIC	0	0	0	0	0	194.06
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)	5,855,718	3,537,869	4,322,136	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	58,557.180000	0.003297	0.004028	0.000000	0.010000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	86,967	63,294	114,299	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	869.670000	0.000059	0.000107	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
7.01	00701			7.01
8.00	00800			8.00
9.00	00900			9.00
9.01	01851			9.01
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	100		23.00
23.01	02301		100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	0	0	30.00
31.00	03100	0	0	31.00
35.00	02060	0	0	35.00
43.00	04300	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	05401	0	0	54.01
54.02	05402	0	0	54.02
54.03	05403	0	0	54.03
55.00	05500	0	0	55.00
55.01	05501	0	0	55.01
55.02	03140	0	0	55.02
55.03	03450	0	0	55.03
60.00	06000	0	0	60.00
60.01	06001	0	0	60.01
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
67.00	06700	0	0	67.00
67.01	06701	0	0	67.01
67.02	06702	0	0	67.02
68.00	06800	0	0	68.00
68.01	06801	0	0	68.01
68.02	06802	0	0	68.02
69.00	06900	0	100	69.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.00	03020	0	0	76.00
76.01	03040	0	0	76.01
77.00	07700	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.04	09004	0	0	90.04
90.05	09005	0	0	90.05
91.00	09100	100	0	91.00
91.01	09101	0	0	91.01
91.02	09102	0	0	91.02
92.00	09200	0	0	92.00

5/29/2023 9:52 am

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0126

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

Worksheet B-1

Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	ECHOCARDIOLOGY EDUCATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
OTHER REIMBURSABLE COST CENTERS				
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 FHC	0	0	194.00
194.01	07951 CONVENT	0	0	194.01
194.02	07952 OTHER NON REIMB - BUILDINGS	0	0	194.02
194.03	07953 OTHR NON REIM-FHC BEHAVIORIAL HEALTH	0	0	194.03
194.04	07954 CENTER OF HOPE	0	0	194.04
194.05	07955 LAKESHORE JOINT VENTURE	0	0	194.05
194.06	07957 COVID VACCINE CLINIC	0	0	194.06
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)	721,657	-49,327	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7,216.570000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,150	7,886	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	141.500000	78.860000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 9:52 am
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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	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	54,098,137		54,098,137	0	54,098,137	30.00
31.00	03100 INTENSIVE CARE UNIT	9,331,242		9,331,242	0	9,331,242	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	7,225,776		7,225,776	0	7,225,776	35.00
43.00	04300 NURSERY	3,204,765		3,204,765	0	3,204,765	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	38,755,091		38,755,091	0	38,755,091	50.00
51.00	05100 RECOVERY ROOM	1,300,237		1,300,237	0	1,300,237	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	169,165		169,165	0	169,165	52.00
53.00	05300 ANESTHESIOLOGY	583,742		583,742	0	583,742	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,333,313		16,333,313	0	16,333,313	54.00
54.01	05401 RADIOLOGY - I-65	1,310,429		1,310,429	0	1,310,429	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	431		431	0	431	54.02
54.03	05403 LOWELL RADIOLOGY	75,194		75,194	0	75,194	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	5,439,804		5,439,804	0	5,439,804	55.01
55.02	03140 RADIOLOGY	2,151,920		2,151,920	0	2,151,920	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	1,099,459		1,099,459	0	1,099,459	55.03
60.00	06000 LABORATORY	17,769,791		17,769,791	3,697	17,773,488	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,990,666	0	2,990,666	0	2,990,666	65.00
66.00	06600 PHYSICAL THERAPY	1,355,790	0	1,355,790	0	1,355,790	66.00
66.01	06601 PHYSICAL THERAPY I-65	1,207,398	0	1,207,398	0	1,207,398	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	331,777	0	331,777	0	331,777	66.02
67.00	06700 OCCUPATIONAL THERAPY	460,413	0	460,413	0	460,413	67.00
67.01	06701 OCCUPATION THERAPY I-65	180,742	0	180,742	0	180,742	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	14,722	0	14,722	0	14,722	67.02
68.00	06800 SPEECH PATHOLOGY	300,849	0	300,849	0	300,849	68.00
68.01	06801 SPEECH PATHOLOGY I-65	354,594	0	354,594	0	354,594	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	6,325	0	6,325	0	6,325	68.02
69.00	06900 ELECTROCARDIOLOGY	819,199		819,199	0	819,199	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	24,627,135		24,627,135	0	24,627,135	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,088,453		16,088,453	0	16,088,453	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,367,180		14,367,180	0	14,367,180	73.00
74.00	07400 RENAL DIALYSIS	755,848		755,848	0	755,848	74.00
76.00	03020 RADIOLOGY ONCOLOGY	1,691,830		1,691,830	0	1,691,830	76.00
76.01	03040 RADIOLOGY ONCOLOGY	388,880		388,880	0	388,880	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,470		1,470	0	1,470	90.00
90.01	09001 DIABETES CLINIC	13,036		13,036	0	13,036	90.01
90.02	09002 OUTPATIENT CLINICS	75,998		75,998	0	75,998	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0		0	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	22,442		22,442	0	22,442	90.04
90.05	09005 LACTATION CLINIC	46,310		46,310	0	46,310	90.05
91.00	09100 EMERGENCY	12,599,241		12,599,241	7,664	12,606,905	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0		0	0	0	91.01
91.02	09102 EXPRESS CARE	20,025		20,025	0	20,025	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
102.00	10200 OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	237,568,819	0	237,568,819	11,361	237,580,180	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	237,568,819	0	237,568,819	11,361	237,580,180	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/29/2023 9:52 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	65,196,819		65,196,819				30.00
31.00	03100	INTENSIVE CARE UNIT	14,660,055		14,660,055				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,685,831		15,685,831				35.00
43.00	04300	NURSERY	10,389,705		10,389,705				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,603,083	75,200,367	115,803,450	0.334663	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,487,422	7,884,102	11,371,524	0.114341	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,417,754	18,435,358	26,853,112	0.021738	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,601,839	152,089,405	205,691,244	0.079407	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	118,158	24,308,664	24,426,822	0.053647	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	1,788	474,223	476,011	0.157967	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	23,768,622	27,979,636	51,748,258	0.105121	0.000000		55.01
55.02	03140	CARDIOLOGY	8,497,802	15,598,344	24,096,146	0.089306	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,453,263	6,992,175	8,445,438	0.130184	0.000000		55.03
60.00	06000	LABORATORY	58,918,007	103,271,899	162,189,906	0.109562	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	16,422,019	3,722,545	20,144,564	0.148460	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,877,345	222,476	2,099,821	0.645669	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	418	3,684,492	3,684,910	0.327660	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0	1,006,854	1,006,854	0.329518	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,687,831	206,029	1,893,860	0.243108	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	450,311	450,311	0.401371	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	62,328	62,328	0.236202	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,514,756	127,632	1,642,388	0.183178	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,641,342	1,641,342	0.216039	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	14,320	14,320	0.441690	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	1,729,990	5,904,911	7,634,901	0.107297	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,207,195	32,331,875	59,539,070	0.413630	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,775,941	27,930,378	43,706,319	0.368104	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,517,073	9,997,467	51,514,540	0.278896	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,448,312	52,834	1,501,146	0.503514	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	332,432	17,730,822	18,063,254	0.093661	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	3,020	1,081,239	1,084,259	0.358660	0.000000		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	58,281	58,281	0.385065	0.000000		90.04
90.05	09005	LACTATION CLINIC	0	7,488	7,488	6.184562	0.000000		90.05
91.00	09100	EMERGENCY	32,290,191	75,723,398	108,013,589	0.116645	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,548,064	10,554,215	12,102,279	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	448,154,735	624,745,410	1,072,900,145				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	448,154,735	624,745,410	1,072,900,145				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 9:52 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.334663		50.00
51.00	05100	RECOVERY ROOM	0.114341		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.021738		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079407		54.00
54.01	05401	RADIOLOGY - I-65	0.053647		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.157967		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.105121		55.01
55.02	03140	CARDIOLOGY	0.089306		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.130184		55.03
60.00	06000	LABORATORY	0.109584		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.148460		65.00
66.00	06600	PHYSICAL THERAPY	0.645669		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.327660		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.329518		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243108		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.401371		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.236202		67.02
68.00	06800	SPEECH PATHOLOGY	0.183178		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.216039		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.441690		68.02
69.00	06900	ELECTROCARDIOLOGY	0.107297		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413630		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368104		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278896		73.00
74.00	07400	RENAL DIALYSIS	0.503514		74.00
76.00	03020	RADIATION ONCOLOGY	0.093661		76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.358660		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.385065		90.04
90.05	09005	LACTATION CLINIC	6.184562		90.05
91.00	09100	EMERGENCY	0.116716		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102	EXPRESS CARE	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0126

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2023 9:52 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,098,137		54,098,137	0	54,098,137	30.00
31.00	03100	INTENSIVE CARE UNIT	9,331,242		9,331,242	0	9,331,242	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,225,776		7,225,776	0	7,225,776	35.00
43.00	04300	NURSERY	3,204,765		3,204,765	0	3,204,765	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,755,091		38,755,091	0	38,755,091	50.00
51.00	05100	RECOVERY ROOM	1,300,237		1,300,237	0	1,300,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	169,165		169,165	0	169,165	52.00
53.00	05300	ANESTHESIOLOGY	583,742		583,742	0	583,742	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,333,313		16,333,313	0	16,333,313	54.00
54.01	05401	RADIOLOGY - I-65	1,310,429		1,310,429	0	1,310,429	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	431		431	0	431	54.02
54.03	05403	LOWELL RADIOLOGY	75,194		75,194	0	75,194	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	5,439,804		5,439,804	0	5,439,804	55.01
55.02	03140	CARDIOLOGY	2,151,920		2,151,920	0	2,151,920	55.02
55.03	03450	NEURO-DIAGNOSTICS	1,099,459		1,099,459	0	1,099,459	55.03
60.00	06000	LABORATORY	17,769,791		17,769,791	3,697	17,773,488	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,990,666	0	2,990,666	0	2,990,666	65.00
66.00	06600	PHYSICAL THERAPY	1,355,790	0	1,355,790	0	1,355,790	66.00
66.01	06601	PHYSICAL THERAPY I-65	1,207,398	0	1,207,398	0	1,207,398	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	331,777	0	331,777	0	331,777	66.02
67.00	06700	OCCUPATIONAL THERAPY	460,413	0	460,413	0	460,413	67.00
67.01	06701	OCCUPATION THERAPY I-65	180,742	0	180,742	0	180,742	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	14,722	0	14,722	0	14,722	67.02
68.00	06800	SPEECH PATHOLOGY	300,849	0	300,849	0	300,849	68.00
68.01	06801	SPEECH PATHOLOGY I-65	354,594	0	354,594	0	354,594	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	6,325	0	6,325	0	6,325	68.02
69.00	06900	ELECTROCARDIOLOGY	819,199		819,199	0	819,199	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,627,135		24,627,135	0	24,627,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,088,453		16,088,453	0	16,088,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,367,180		14,367,180	0	14,367,180	73.00
74.00	07400	RENAL DIALYSIS	755,848		755,848	0	755,848	74.00
76.00	03020	RADIATION ONCOLOGY	1,691,830		1,691,830	0	1,691,830	76.00
76.01	03040	ANGIOCARDIOGRAPHY	388,880		388,880	0	388,880	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,470		1,470	0	1,470	90.00
90.01	09001	DIABETES CLINIC	13,036		13,036	0	13,036	90.01
90.02	09002	OUTPATIENT CLINICS	75,998		75,998	0	75,998	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0		0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	22,442		22,442	0	22,442	90.04
90.05	09005	LACTATION CLINIC	46,310		46,310	0	46,310	90.05
91.00	09100	EMERGENCY	12,599,241		12,599,241	7,664	12,606,905	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0		0	0	0	91.01
91.02	09102	EXPRESS CARE	20,025		20,025	0	20,025	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
102.00	10200	OPIOID TREATMENT PROGRAM	0		0		0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	237,568,819	0	237,568,819	11,361	237,580,180	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	237,568,819	0	237,568,819	11,361	237,580,180	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/29/2023 9:52 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	65,196,819		65,196,819				30.00
31.00	03100	INTENSIVE CARE UNIT	14,660,055		14,660,055				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,685,831		15,685,831				35.00
43.00	04300	NURSERY	10,389,705		10,389,705				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,603,083	75,200,367	115,803,450	0.334663	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,487,422	7,884,102	11,371,524	0.114341	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,417,754	18,435,358	26,853,112	0.021738	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,601,839	152,089,405	205,691,244	0.079407	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	118,158	24,308,664	24,426,822	0.053647	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0.000000	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	1,788	474,223	476,011	0.157967	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	23,768,622	27,979,636	51,748,258	0.105121	0.000000		55.01
55.02	03140	CARDIOLOGY	8,497,802	15,598,344	24,096,146	0.089306	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	1,453,263	6,992,175	8,445,438	0.130184	0.000000		55.03
60.00	06000	LABORATORY	58,918,007	103,271,899	162,189,906	0.109562	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	16,422,019	3,722,545	20,144,564	0.148460	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,877,345	222,476	2,099,821	0.645669	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	418	3,684,492	3,684,910	0.327660	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST. JOHN	0	1,006,854	1,006,854	0.329518	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	1,687,831	206,029	1,893,860	0.243108	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0	450,311	450,311	0.401371	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	62,328	62,328	0.236202	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	1,514,756	127,632	1,642,388	0.183178	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	1,641,342	1,641,342	0.216039	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	14,320	14,320	0.441690	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	1,729,990	5,904,911	7,634,901	0.107297	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,207,195	32,331,875	59,539,070	0.413630	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,775,941	27,930,378	43,706,319	0.368104	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,517,073	9,997,467	51,514,540	0.278896	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,448,312	52,834	1,501,146	0.503514	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	332,432	17,730,822	18,063,254	0.093661	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	3,020	1,081,239	1,084,259	0.358660	0.000000		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0.000000	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	58,281	58,281	0.385065	0.000000		90.04
90.05	09005	LACTATION CLINIC	0	7,488	7,488	6.184562	0.000000		90.05
91.00	09100	EMERGENCY	32,290,191	75,723,398	108,013,589	0.116645	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0	0	0	0.000000	0.000000		91.01
91.02	09102	EXPRESS CARE	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,548,064	10,554,215	12,102,279	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0				102.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	448,154,735	624,745,410	1,072,900,145				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	448,154,735	624,745,410	1,072,900,145				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/29/2023 9:52 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY - I-65	0.000000		54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000		54.02
54.03	05403	LOWELL RADIOLOGY	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.000000		55.01
55.02	03140	CARDIOLOGY	0.000000		55.02
55.03	03450	NEURO-DIAGNOSTICS	0.000000		55.03
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	PHYSICAL THERAPY I-65	0.000000		66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
67.01	06701	OCCUPATION THERAPY I-65	0.000000		67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.000000		67.02
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.000000		68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.000000		68.02
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	RADIATION ONCOLOGY	0.000000		76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.000000		76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CLINIC	0.000000		90.01
90.02	09002	OUTPATIENT CLINICS	0.000000		90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000		90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000		90.04
90.05	09005	LACTATION CLINIC	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000		91.01
91.02	09102	EXPRESS CARE	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/29/2023 9:52 am
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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)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,250,107	0	2,250,107	33,095	67.99	30.00
31.00	INTENSIVE CARE UNIT	449,959		449,959	4,077	110.37	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	368,391		368,391	2,881	127.87	35.00
43.00	NURSERY	29,612		29,612	2,237	13.24	43.00
200.00	Total (lines 30 through 199)	3,098,069		3,098,069	42,290		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,231	899,576				30.00
31.00	INTENSIVE CARE UNIT	1,807	199,439				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	15,038	1,099,015				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Prepared: 5/29/2023 9:52 am
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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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,421,149	115,803,450	0.012272	18,269,781	224,207	50.00
51.00	05100 RECOVERY ROOM	194,572	11,371,524	0.017110	1,857,551	31,783	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,445	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	65,412	26,853,112	0.002436	3,054,216	7,440	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	819,143	205,691,244	0.003982	23,871,453	95,056	54.00
54.01	05401 RADIOLOGY - I-65	94,492	24,426,822	0.003868	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	25	0	0.000000	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	3,467	476,011	0.007283	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	345,321	51,748,258	0.006673	6,118,503	40,829	55.01
55.02	03140 RADIOLOGY	98,575	24,096,146	0.004091	3,357,016	13,734	55.02
55.03	03450 RADIOLOGY-DIAGNOSTIC	57,360	8,445,438	0.006792	625,723	4,250	55.03
60.00	06000 LABORATORY	365,543	162,189,906	0.002254	27,096,712	61,076	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	135,931	20,144,564	0.006748	6,996,628	47,213	65.00
66.00	06600 PHYSICAL THERAPY	83,168	2,099,821	0.039607	849,837	33,659	66.00
66.01	06601 PHYSICAL THERAPY I-65	16,064	3,684,910	0.004359	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	4,699	1,006,854	0.004667	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	4,113	1,893,860	0.002172	882,518	1,917	67.00
67.01	06701 OCCUPATIONAL THERAPY I-65	1,602	450,311	0.003558	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	133	62,328	0.002134	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	2,758	1,642,388	0.001679	635,302	1,067	68.00
68.01	06801 SPEECH PATHOLOGY I-65	3,221	1,641,342	0.001962	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	55	14,320	0.003841	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	22,113	7,634,901	0.002896	1,648,789	4,775	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	377,909	59,539,070	0.006347	8,505,214	53,983	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	244,956	43,706,319	0.005605	8,304,003	46,544	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	160,306	51,514,540	0.003112	17,218,482	53,584	73.00
74.00	07400 RENAL DIALYSIS	16,591	1,501,146	0.011052	604,432	6,680	74.00
76.00	03020 RADIOLOGY ONCOLOGY	47,099	18,063,254	0.002607	83,189	217	76.00
76.01	03040 ANGIOCARDIOGRAPHY	3,458	1,084,259	0.003189	0	0	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	84	0	0.000000	0	0	90.00
90.01	09001 DIABETES CLINIC	746	0	0.000000	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	5,404	0	0.000000	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0.000000	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	198	58,281	0.003397	0	0	90.04
90.05	09005 LACTATION CLINIC	399	7,488	0.053285	0	0	90.05
91.00	09100 EMERGENCY	507,963	108,013,589	0.004703	14,994,534	70,519	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0	0	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	198	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	12,102,279	0.000000	1,548,064	0	92.00
200.00	Total (lines 50 through 199)	5,105,672	966,967,735		146,521,947	798,533	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/29/2023 9:52 am
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	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	33,095	0.00	13,231	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,077	0.00	1,807	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,881	0.00	0	35.00
43.00	04300	NURSERY		0	2,237	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	42,290		15,038	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	35.00
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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 9:52 am
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Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments				
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - I-65	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0	0	0	0	0	55.01
55.02	03140	CARDIOLOGY	0	0	0	0	0	55.02
55.03	03450	NEURO-DIAGNOSTICS	0	0	0	0	0	55.03
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATION THERAPY I-65	0	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0	0	0	0	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RADIATION ONCOLOGY	0	0	0	0	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	721,657	91.00
91.01	09101	EMERGENCY ROOM PHYSICANS	0	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	721,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 9:52 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XVIII		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Hospital	PPS	
	4.00	5.00	6.00	Total Charges (from Wkst. C, Part I, col. 8)	7.00	8.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	115,803,450	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	11,371,524	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	26,853,112	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	205,691,244	0.000000	54.00
54.01 05401 RADIOLOGY - I-65	0	0	0	24,426,822	0.000000	54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0	0	0	0.000000	54.02
54.03 05403 LOWELL RADIOLOGY	0	0	0	476,011	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0	0	51,748,258	0.000000	55.01
55.02 03140 RADIOLOGY	0	0	0	24,096,146	0.000000	55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0	0	8,445,438	0.000000	55.03
60.00 06000 LABORATORY	0	0	0	162,189,906	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	20,144,564	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,099,821	0.000000	66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0	0	3,684,910	0.000000	66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0	0	1,006,854	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,893,860	0.000000	67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0	0	450,311	0.000000	67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0	0	62,328	0.000000	67.02
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,642,388	0.000000	68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0	0	1,641,342	0.000000	68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0	0	14,320	0.000000	68.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	7,634,901	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	59,539,070	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,706,319	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	51,514,540	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,501,146	0.000000	74.00
76.00 03020 RADIATION ONCOLOGY	0	0	0	18,063,254	0.000000	76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0	0	1,084,259	0.000000	76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 DIABETES CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 OUTPATIENT CLINICS	0	0	0	0	0.000000	90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0	0	0	0.000000	90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0	0	58,281	0.000000	90.04
90.05 09005 LACTATION CLINIC	0	0	0	7,488	0.000000	90.05
91.00 09100 EMERGENCY	0	721,657	721,657	108,013,589	0.006681	91.00
91.01 09101 EMERGENCY ROOM PHYSICANS	0	0	0	0	0.000000	91.01
91.02 09102 EXPRESS CARE	0	0	0	0	0.000000	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,102,279	0.000000	92.00
200.00 Total (lines 50 through 199)	0	721,657	721,657	966,967,735		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/29/2023 9:52 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0.000000	18,269,781	0	15,744,288	0	50.00		
51.00	05100 RECOVERY ROOM	0.000000	1,857,551	0	3,367,481	0	51.00		
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00		
53.00	05300 ANESTHESIOLOGY	0.000000	3,054,216	0	3,316,533	0	53.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	23,871,453	0	41,293,911	0	54.00		
54.01	05401 RADIOLOGY - I-65	0.000000	0	0	0	0	54.01		
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02		
54.03	05403 LOWELL RADIOLOGY	0.000000	0	0	0	0	54.03		
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00		
55.01	05501 CARDIAC CATHETERIZATION LAB	0.000000	6,118,503	0	10,941,979	0	55.01		
55.02	03140 RADIOLOGY	0.000000	3,357,016	0	4,373,777	0	55.02		
55.03	03450 NEURO-DIAGNOSTICS	0.000000	625,723	0	625,764	0	55.03		
60.00	06000 LABORATORY	0.000000	27,096,712	0	3,591,984	0	60.00		
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01		
65.00	06500 RESPIRATORY THERAPY	0.000000	6,996,628	0	1,200,742	0	65.00		
66.00	06600 PHYSICAL THERAPY	0.000000	849,837	0	11,061	0	66.00		
66.01	06601 PHYSICAL THERAPY I-65	0.000000	0	0	0	0	66.01		
66.02	06602 PHYSICAL THERAPY ST JOHN	0.000000	0	0	0	0	66.02		
67.00	06700 OCCUPATIONAL THERAPY	0.000000	882,518	0	3,401	0	67.00		
67.01	06701 OCCUPATION THERAPY I-65	0.000000	0	0	0	0	67.01		
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.000000	0	0	0	0	67.02		
68.00	06800 SPEECH PATHOLOGY	0.000000	635,302	0	10,964	0	68.00		
68.01	06801 SPEECH PATHOLOGY I-65	0.000000	0	0	0	0	68.01		
68.02	06802 SPEECH THERAPY ST. JOHN	0.000000	0	0	0	0	68.02		
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,648,789	0	3,206,515	0	69.00		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,505,214	0	5,287,451	0	71.00		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,304,003	0	6,152,102	0	72.00		
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,218,482	0	3,848,341	0	73.00		
74.00	07400 RENAL DIALYSIS	0.000000	604,432	0	12,271	0	74.00		
76.00	03020 RADIATION ONCOLOGY	0.000000	83,189	0	5,461,376	0	76.00		
76.01	03040 ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.01		
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00		
OUTPATIENT SERVICE COST CENTERS									
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00		
90.01	09001 DIABETES CLINIC	0.000000	0	0	0	0	90.01		
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02		
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03		
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.000000	0	0	0	0	90.04		
90.05	09005 LACTATION CLINIC	0.000000	0	0	0	0	90.05		
91.00	09100 EMERGENCY	0.006681	14,994,534	100,178	15,182,678	101,435	91.00		
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01		
91.02	09102 EXPRESS CARE	0.000000	0	0	0	0	91.02		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,548,064	0	1,109,902	0	92.00		
200.00	Total (lines 50 through 199)		146,521,947	100,178	124,742,521	101,435	200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.334663	15,744,288	0	0	5,269,031
51.00 05100 RECOVERY ROOM	0.114341	3,367,481	0	0	385,041
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.021738	3,316,533	0	0	72,095
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.079407	41,293,911	0	0	3,279,026
54.01 05401 RADIOLOGY - I-65	0.053647	0	0	0	0
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0
54.03 05403 LOWELL RADIOLOGY	0.157967	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 CARDIAC CATHETERIZATION LAB	0.105121	10,941,979	0	0	1,150,232
55.02 03140 RADIOLOGY	0.089306	4,373,777	0	0	390,605
55.03 03450 NEURO-DIAGNOSTICS	0.130184	625,764	0	0	81,464
60.00 06000 LABORATORY	0.109562	3,591,984	0	0	393,545
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.148460	1,200,742	0	0	178,262
66.00 06600 PHYSICAL THERAPY	0.645669	11,061	0	0	7,142
66.01 06601 PHYSICAL THERAPY I-65	0.327660	0	0	0	0
66.02 06602 PHYSICAL THERAPY ST JOHN	0.329518	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.243108	3,401	0	0	827
67.01 06701 OCCUPATIONAL THERAPY I-65	0.401371	0	0	0	0
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0.236202	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.183178	10,964	0	0	2,008
68.01 06801 SPEECH PATHOLOGY I-65	0.216039	0	0	0	0
68.02 06802 SPEECH THERAPY ST. JOHN	0.441690	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.107297	3,206,515	0	0	344,049
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.413630	5,287,451	0	0	2,187,048
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.368104	6,152,102	0	0	2,264,613
73.00 07300 DRUGS CHARGED TO PATIENTS	0.278896	3,848,341	0	4,005	1,073,287
74.00 07400 RENAL DIALYSIS	0.503514	12,271	0	0	6,179
76.00 03020 RADIATION ONCOLOGY	0.093661	5,461,376	0	0	511,518
76.01 03040 ANGIOCARDIOGRAPHY	0.358660	0	0	0	0
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CLINIC	0.000000	0	0	0	0
90.02 09002 OUTPATIENT CLINICS	0.000000	0	0	0	0
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.385065	0	0	0	0
90.05 09005 LACTATION CLINIC	6.184562	0	0	0	0
91.00 09100 EMERGENCY	0.116645	15,182,678	0	0	1,770,983
91.01 09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0
91.02 09102 EXPRESS CARE	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,109,902	0	0	0
200.00 Subtotal (see instructions)		124,742,521	0	4,005	19,366,955
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		124,742,521	0	4,005	19,366,955

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,117		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0		76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
90.05 09005 LACTATION CLINIC	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	1,117		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,117		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 9:52 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.334663	11,722,504	0	0	3,923,088	50.00
51.00	05100	RECOVERY ROOM	0.114341	2,320,137	0	0	265,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021738	2,253,337	0	0	48,983	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079407	24,645,597	0	0	1,957,033	54.00
54.01	05401	RADIOLOGY - I-65	0.053647	0	0	0	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	0	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.157967	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.105121	811,858	0	0	85,343	55.01
55.02	03140	CARDIOLOGY	0.089306	2,746,569	0	0	245,285	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.130184	227,598	0	0	29,630	55.03
60.00	06000	LABORATORY	0.109562	17,333,769	0	0	1,899,122	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148460	401,388	0	0	59,590	65.00
66.00	06600	PHYSICAL THERAPY	0.645669	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.327660	594,440	0	0	194,774	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.329518	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243108	89,777	0	0	21,826	67.00
67.01	06701	OCCUPATIONAL THERAPY I-65	0.401371	0	0	0	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.236202	0	0	0	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.183178	0	0	0	0	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.216039	544,419	0	0	117,616	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.441690	0	0	0	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.107297	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413630	2,617,480	0	0	1,082,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368104	3,614,281	0	0	1,330,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278896	1,835,693	0	0	511,967	73.00
74.00	07400	RENAL DIALYSIS	0.503514	1,310	0	0	660	74.00
76.00	03020	RADIATION ONCOLOGY	0.093661	0	0	0	0	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.358660	0	0	0	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	0	0	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.385065	0	0	0	0	90.04
90.05	09005	LACTATION CLINIC	6.184562	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.116645	20,115,864	0	0	2,346,415	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	0	0	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		91,876,021	0	0	14,119,718	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		91,876,021	0	0	14,119,718	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/29/2023 9:52 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	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 05401 RADIOLOGY - I-65	0	0		54.01
54.02 05402 RADIOLOGY DIAGNOSTIC - SJ	0	0		54.02
54.03 05403 LOWELL RADIOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 CARDIAC CATHETERIZATION LAB	0	0		55.01
55.02 03140 RADIOLOGY	0	0		55.02
55.03 03450 NEURO-DIAGNOSTICS	0	0		55.03
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 PHYSICAL THERAPY I-65	0	0		66.01
66.02 06602 PHYSICAL THERAPY ST JOHN	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
67.01 06701 OCCUPATION THERAPY I-65	0	0		67.01
67.02 06702 OCCUPATIONAL THERAPY ST. JOHN	0	0		67.02
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 SPEECH PATHOLOGY I-65	0	0		68.01
68.02 06802 SPEECH THERAPY ST. JOHN	0	0		68.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 RADIATION ONCOLOGY	0	0		76.00
76.01 03040 ANGIOCARDIOGRAPHY	0	0		76.01
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CLINIC	0	0		90.01
90.02 09002 OUTPATIENT CLINICS	0	0		90.02
90.03 09003 OCCUPATIONAL MEDICINE CLINIC	0	0		90.03
90.04 09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0	0		90.04
90.05 09005 LACTATION CLINIC	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 EMERGENCY ROOM PHYSICIANS	0	0		91.01
91.02 09102 EXPRESS CARE	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2023 9:52 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,095	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,095	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)		33,095	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,231	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,098,137	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		54,098,137	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		54,098,137	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,634.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,627,790	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)		21,627,790	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2023 9:52 am	
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	9,331,242	4,077	2,288.75	1,807	4,135,771		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 NEONATAL INTENSIVE CARE UNIT	7,225,776	2,881	2,508.08	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,816,788		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)					53,580,349		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)					1,099,015		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					898,711		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,997,726		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,582,623		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

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COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,250,107	54,098,137	0.041593	0	0	90.00
91.00	Nursing Program cost	0	54,098,137	0.000000	0	0	91.00
92.00	Allied health cost	0	54,098,137	0.000000	0	0	92.00
93.00	All other Medical Education	0	54,098,137	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,250,315	30.00
31.00	03100	INTENSIVE CARE UNIT		6,110,262	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.334663	18,269,781	50.00
51.00	05100	RECOVERY ROOM	0.114341	1,857,551	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021738	3,054,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079407	23,871,453	54.00
54.01	05401	RADIOLOGY - I-65	0.053647	0	54.01
54.02	05402	RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	54.02
54.03	05403	LOWELL RADIOLOGY	0.157967	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	CARDIAC CATHETERIZATION LAB	0.105121	6,118,503	55.01
55.02	03140	CARDIOLOGY	0.089306	3,357,016	55.02
55.03	03450	NEURO-DIAGNOSTICS	0.130184	625,723	55.03
60.00	06000	LABORATORY	0.109584	27,096,712	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148460	6,996,628	65.00
66.00	06600	PHYSICAL THERAPY	0.645669	849,837	66.00
66.01	06601	PHYSICAL THERAPY I-65	0.327660	0	66.01
66.02	06602	PHYSICAL THERAPY ST JOHN	0.329518	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.243108	882,518	67.00
67.01	06701	OCCUPATION THERAPY I-65	0.401371	0	67.01
67.02	06702	OCCUPATIONAL THERAPY ST. JOHN	0.236202	0	67.02
68.00	06800	SPEECH PATHOLOGY	0.183178	635,302	68.00
68.01	06801	SPEECH PATHOLOGY I-65	0.216039	0	68.01
68.02	06802	SPEECH THERAPY ST. JOHN	0.441690	0	68.02
69.00	06900	ELECTROCARDIOLOGY	0.107297	1,648,789	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.413630	8,505,214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368104	8,304,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.278896	17,218,482	73.00
74.00	07400	RENAL DIALYSIS	0.503514	604,432	74.00
76.00	03020	RADIATION ONCOLOGY	0.093661	83,189	76.00
76.01	03040	ANGIOCARDIOGRAPHY	0.358660	0	76.01
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CLINIC	0.000000	0	90.01
90.02	09002	OUTPATIENT CLINICS	0.000000	0	90.02
90.03	09003	OCCUPATIONAL MEDICINE CLINIC	0.000000	0	90.03
90.04	09004	NEONATOLOGY CLINIC-FRANCISCAN POINT	0.385065	0	90.04
90.05	09005	LACTATION CLINIC	6.184562	0	90.05
91.00	09100	EMERGENCY	0.116716	14,994,534	91.00
91.01	09101	EMERGENCY ROOM PHYSICIANS	0.000000	0	91.01
91.02	09102	EXPRESS CARE	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,548,064	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		146,521,947	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)		146,521,947	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/29/2023 9:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,297,572		30.00
31.00	03100 INTENSIVE CARE UNIT		1,603,364		31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
43.00	04300 NURSERY		7,204,914		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.334663	5,649,099	1,890,544	50.00
51.00	05100 RECOVERY ROOM	0.114341	842,007	96,276	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.021738	881,753	19,168	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079407	4,815,479	382,383	54.00
54.01	05401 RADIOLOGY - I-65	0.053647	0	0	54.01
54.02	05402 RADIOLOGY DIAGNOSTIC - SJ	0.000000	0	0	54.02
54.03	05403 LOWELL RADIOLOGY	0.157967	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 CARDIAC CATHETERIZATION LAB	0.105121	931,553	97,926	55.01
55.02	03140 RADIOLOGY	0.089306	834,547	74,530	55.02
55.03	03450 NEURO-DIAGNOSTICS	0.130184	130,825	17,031	55.03
60.00	06000 LABORATORY	0.109562	7,582,730	830,779	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.148460	1,453,238	215,748	65.00
66.00	06600 PHYSICAL THERAPY	0.645669	276,035	178,227	66.00
66.01	06601 PHYSICAL THERAPY I-65	0.327660	0	0	66.01
66.02	06602 PHYSICAL THERAPY ST JOHN	0.329518	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.243108	196,677	47,814	67.00
67.01	06701 OCCUPATION THERAPY I-65	0.401371	0	0	67.01
67.02	06702 OCCUPATIONAL THERAPY ST. JOHN	0.236202	0	0	67.02
68.00	06800 SPEECH PATHOLOGY	0.183178	449,080	82,262	68.00
68.01	06801 SPEECH PATHOLOGY I-65	0.216039	0	0	68.01
68.02	06802 SPEECH THERAPY ST. JOHN	0.441690	0	0	68.02
69.00	06900 ELECTROCARDIOLOGY	0.107297	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.413630	1,944,943	804,487	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368104	995,533	366,460	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.278896	5,060,271	1,411,289	73.00
74.00	07400 RENAL DIALYSIS	0.503514	110,161	55,468	74.00
76.00	03020 RADIATION ONCOLOGY	0.093661	0	0	76.00
76.01	03040 ANGIOCARDIOGRAPHY	0.358660	0	0	76.01
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CLINIC	0.000000	0	0	90.01
90.02	09002 OUTPATIENT CLINICS	0.000000	0	0	90.02
90.03	09003 OCCUPATIONAL MEDICINE CLINIC	0.000000	0	0	90.03
90.04	09004 NEONATOLOGY CLINIC-FRANCISCAN POINT	0.385065	0	0	90.04
90.05	09005 LACTATION CLINIC	6.184562	0	0	90.05
91.00	09100 EMERGENCY	0.116645	3,282,059	382,836	91.00
91.01	09101 EMERGENCY ROOM PHYSICIANS	0.000000	0	0	91.01
91.02	09102 EXPRESS CARE	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		35,435,990	6,953,228	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)		35,435,990		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,763,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,344,956	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,386,059	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		237,846	2.04
3.00	Managed Care Simulated Payments		17,125,382	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		192.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.43	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).		1.11	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)		0.68	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.25	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)		0.68	12.00
13.00	Total allowable FTE count for the prior year.		0.98	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.		0.96	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.87	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		0.87	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.004531	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.005477	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.004531	21.00
22.00	IME payment adjustment (see instructions)		86,894	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		42,385	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.57	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)		86,894	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		42,385	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.13	31.00
32.00	Sum of lines 30 and 31		18.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.78	33.00
34.00	Disproportionate share adjustment (see instructions)		419,551	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 9:52 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)		0.000351941	0.000309438	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		2,531,163	2,127,202	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		1,893,171	536,172	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		2,429,343		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,668,531		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			39,710,916	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,877,622	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).			33,131	52.00
53.00	Nursing and Allied Health Managed Care payment			52,012	53.00
54.00	Special add-on payments for new technologies			666,335	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)			100,178	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,440,194	59.00
60.00	Primary payer payments			6,787	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,433,407	61.00
62.00	Deductibles billed to program beneficiaries			3,328,012	62.00
63.00	Coinurance billed to program beneficiaries			114,366	63.00
64.00	Allowable bad debts (see instructions)			210,527	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			136,843	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			56,072	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,127,872	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)			-343,487	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/29/2023 9:52 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			39,784,385	71.00
71.01	Sequestration adjustment (see instructions)			501,283	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			39,207,991	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			75,111	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			455,312	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2023 9:52 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,763,882	0	25,763,882		25,763,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,344,956	0		9,344,956	9,344,956	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,386,059	0	1,386,059		1,386,059	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	237,846	0		237,846	237,846	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,125,382	0	12,338,609	4,786,773	17,125,382	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.004531	0.004531	0.004531	0.004531		5.00
6.00	IME payment adjustment (see instructions)	22.00	86,894	0	63,765	23,129	86,894	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	42,385	0	30,538	11,847	42,385	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	86,894	0	63,765	23,129	86,894	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	42,385	0	30,538	11,847	42,385	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0478	0.0478	0.0478	0.0478		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	419,551	0	307,879	111,672	419,551	11.00
11.01	Uncompensated care payments	36.00	2,429,343	0	1,664,537	536,172	2,200,709	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	39,668,531	0	29,414,756	10,253,775	39,668,531	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,710,916	0	29,445,294	10,265,622	39,710,916	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,877,622	0	2,133,827	743,795	2,877,622	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0126

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2023 9:52 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	666,335	0	548,316	118,019	666,335	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	32,127,437	11,127,436	43,254,873	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	2,651,009	0	1,950,458	700,551	2,651,009	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	119,512	0	104,570	14,942	119,512	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	0.0022	0.0022	0.0022	0.0022		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	5,832	0	4,291	1,541	5,832	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0382	0.0382	0.0382	0.0382		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,269	0	74,508	26,761	101,269	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,877,622	0	2,133,827	743,795	2,877,622	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0126

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2023 9:52 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,763,882	25,763,882		25,763,882	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,344,956		9,344,956	9,344,956	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	1,386,059	1,386,059		1,386,059	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	237,846		237,846	237,846	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,125,382	12,338,610	4,786,773	17,125,383	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.004531	0.004531	0.004531		5.00
6.00	IME payment adjustment (see instructions)	22.00	86,894	63,765	23,129	86,894	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	42,385	30,538	11,847	42,385	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	86,894	63,765	23,129	86,894	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	42,385	30,538	11,847	42,385	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0478	0.0478	0.0478		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	419,551	307,879	111,672	419,551	11.00
11.01	Uncompensated care payments	36.00	2,429,343	1,664,537	536,172	2,200,709	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	39,668,531	29,414,756	10,253,775	39,668,531	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	39,710,916	29,445,294	10,265,622	39,710,916	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,877,622	2,133,827	743,795	2,877,622	16.00
17.00	Special add-on payments for new technologies	54.00	666,335	548,316	118,019	666,335	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			32,127,437	11,127,436	43,254,873	19.00

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,651,009	1,950,458	700,551	2,651,009	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	119,512	104,570	14,942	119,512	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	0.0022	0.0022	0.0022		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	5,832	4,291	1,541	5,832	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0382	0.0382	0.0382		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	101,269	74,508	26,761	101,269	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,877,622	2,133,827	743,795	2,877,622	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	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	-343,487	-192,080	-151,407	-343,487	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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,117	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,265,520	2.00
3.00	OPPS payments		16,040,996	3.00
4.00	Outlier payment (see instructions)		58,401	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		101,435	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,117	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,005	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)		4,005	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,005	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,888	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,117	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)		16,200,832	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,837,165	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)		13,364,784	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		11,969	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)		13,376,753	30.00
31.00	Primary payer payments		13,964	31.00
32.00	Subtotal (line 30 minus line 31)		13,362,789	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		140,532	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		91,346	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		89,734	36.00
37.00	Subtotal (see instructions)		13,454,135	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9	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)		13,454,144	40.00
40.01	Sequestration adjustment (see instructions)		169,522	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		13,280,338	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)		4,284	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital
			PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Bi lled Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0126

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2023 9:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		39,207,991		13,280,338	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)		39,207,991		13,280,338	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		75,111		4,284	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,283,102		13,284,622	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: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2023 9:52 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		35,435,990	91,876,021	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		35,435,990	91,876,021	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		35,435,990	91,876,021	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		35,435,990	91,876,021	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0126		Period: From 01/01/2022 To 12/31/2022		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 5/29/2023 9:52 am	
				PPS			
				1.00			
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					0.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)					0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)						2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.44	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)						3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					1.11	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)						4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)					0.67	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					1.25	6.00
7.00	Enter the lesser of line 5 or line 6					0.67	7.00
				Primary Care	Other	Total	
				1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.			0.00	1.25	1.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.			0.00	0.67	0.67	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year				0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year				0.00		10.01
11.00	Total weighted FTE count			0.00	0.67	0.67	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)			0.00	0.98	0.98	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)			0.00	0.95	0.95	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).			0.00	0.87	0.87	14.00
15.00	Adjustment for residents in initial years of new programs			0.00	0.00	0.00	15.00
15.01	Unweighted adjustment for residents in initial years of new programs			0.00	0.00	0.00	15.01
16.00	Adjustment for residents displaced by program or hospital closure			0.00	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure			0.00	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count			0.00	0.87	0.87	17.00
18.00	Per resident amount			87,695.69	92,004.57		18.00
18.01	Per resident amount under §131 of the CAA 2021						18.01
19.00	Approved amount for resident costs			0	80,044	80,044	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.58	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00	23.00
24.00	Multiply line 22 time line 23					0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					80,044	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/29/2023 9:52 am
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		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	15,038	8,894		26.00
27.00	Total Inpatient Days (see instructions)	40,244	40,244		27.00
28.00	Ratio of inpatient days to total inpatient days	0.373671	0.221002		28.00
29.00	Program direct GME amount	29,910	17,690	47,600	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		2,500	2,500	30.00
31.00	Net Program direct GME amount			45,100	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,501,146	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			53,580,349	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			6,787	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			53,573,562	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			19,368,072	42.00
43.00	Primary payer payments (see instructions)			13,964	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			19,354,108	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			72,927,670	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.734612	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.265388	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			45,100	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			33,131	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			11,969	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/29/2023 9:52 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0 2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)			0 3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)			0 4.00
5.00	The rate used to calculate the time value of money (see instructions)			0.00 5.00
6.00	Time value of money for operating expenses (see instructions)			0 6.00
7.00	Time value of money for capital related expenses (see instructions)			0 7.00

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

Provider CCN: 15-0126

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

Worksheet G

Date/Time Prepared:
5/29/2023 9:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-76,175,809	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,944,176	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,401,234	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,300,291	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	-29,530,108	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,758,812	0	0	0	12.00
13.00	Land improvements	15,969,806	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	150,589,439	0	0	0	15.00
16.00	Accumulated depreciation	-229,055,705	0	0	0	16.00
17.00	Leasehold improvements	796,915	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	370,181,347	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	322,240,614	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,654,900	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	28,923,438	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	35,578,338	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	328,288,844	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,482,227	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	7,097,117	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,228,564	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	-10,228,563	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,579,345	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,280,375	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,280,375	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,859,720	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	301,429,124				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)	301,429,124	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	328,288,844	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0126

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

Worksheet G-1

Date/Time Prepared:
5/29/2023 9:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		260,242,694		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		39,907,118				2.00
3.00	Total (sum of line 1 and line 2)		300,149,812		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)		300,149,812		0		11.00
12.00	CHANGE IN FUND BALANCE	7,895,761		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)		7,895,761		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		292,254,051		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	CHANGE IN FUND BALANCE		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: 15-0126

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2023 9:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	67,271,101		67,271,101	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)	67,271,101		67,271,101	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,657,435		14,657,435	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	NEONATAL INTENSIVE CARE UNIT	14,279,774		14,279,774	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,937,209		28,937,209	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	96,208,310		96,208,310	17.00
18.00	Ancillary services	308,182,476	560,721,060	868,903,536	18.00
19.00	Outpatient services	32,351,622	78,110,462	110,462,084	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	31,657,127	31,657,127	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	436,742,408	670,488,649	1,107,231,057	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		273,610,487		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)		273,610,487		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0126

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

Worksheet G-3

Date/Time Prepared:
5/29/2023 9:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,107,231,057	1.00
2.00	Less contractual allowances and discounts on patients' accounts	806,768,775	2.00
3.00	Net patient revenues (line 1 minus line 2)	300,462,282	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	273,610,487	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,851,795	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	13,055,323	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	13,055,323	25.00
26.00	Total (line 5 plus line 25)	39,907,118	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)	39,907,118	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0126	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/29/2023 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,651,009	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		119,512	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)		110.26	3.00
4.00	Number of interns & residents (see instructions)		0.87	4.00
5.00	Indirect medical education percentage (see instructions)		0.22	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)		5,832	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.13	8.00
9.00	Sum of lines 7 and 8		18.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.82	10.00
11.00	Disproportionate share adjustment (see instructions)		101,269	11.00
12.00	Total prospective capital payments (see instructions)		2,877,622	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00