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

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

			Title	XVIII			
	Title	V	Part A	Part B	HI T	Title XIX	
	1.00	1	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT	SUMMARY						
1.00 HOSPI TAL		0	1, 280, 620	-271, 148	0	18, 843, 402	1.00
2.00 SUBPROVIDER - IPF		0	0	0		0	2.00
3.00 SUBPROVIDER - IRF		0	-40, 555	26		2, 744	3.00
5.00 SWING BED - SNF		0	0	0		0	5.00
6.00 SWING BED - NF		0				0	6.00
9.00 HOME HEALTH AGENCY I		0	0	0		0	9.00
200. 00 TOTAL		0	1, 240, 065	-271, 122	0	18, 846, 146	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.

	Financial Systems	FRANCI SCAN HEAL				5 0100		n Lieu	of For		
HUSPII	AL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA	Provid	ier cu	JN: I		Period: From 01/01/ To 12/31/	2022	Workshe Part I Date/Ti 5/30/20	me Pre	pared:
	1.00	2.00		3.00			2	4.00	5/ 50/ 20	25 7.1	
1.00	Hospital and Hospital Health Care Co Street: 1701 SOUTH CREASY LANE	mplex Address: PO Box:									1.00
2.00	City: LAFAYETTE	State: IN	Zip Cod	e: 479	905-	Count	y: TI PPECAN				2.00
		Component Name	CCN	CBS		Provi der			nt Syst		
			Number	Num	ber	Туре	Certified	V I,	0, or XVIII	XIX	
	1	1.00	2.00	3. (	00	4.00	5.00	6.00	7.00		-
3.00	Hospital and Hospital-Based Componen Hospital	t Identification: FRANCISCAN HEALTH	150109	292	200	1	07/01/1966	N	Р	0	3.00
		LAFAYETTE	130107		.00				'		
4.00 5.00	Subprovider - IPF Subprovider - IRF	FRNACI SCAN HEALTH	15T109	292	000	5	01/01/1995	N	P	0	4.00 5.00
5.00		LAFAYETTE REHAB	151109	272	200	5	01/01/1995		F		5.00
6.00	Subprovider - (Other)										6.00
7.00 8.00	Swing Beds - SNF Swing Beds - NF										7.00
9.00	Hospi tal -Based SNF										9.00
10.00	Hospi tal -Based NF										10.00
11. 00 12. 00	Hospital-Based OLTC Hospital-Based HHA	FRANCI SCAN HOME CARE	157124	292	200		07/06/1966	N	P	N	11.00 12.00
13.00	Separately Certified ASC										13.00
14.00	Hospi tal -Based Hospi ce	FRNACI SCAN HEALTH LAFAYETTE HOSPI CE	151563	292	200		01/01/1984				14.00
15.00	Hospital-Based Health Clinic - RHC	LAFATETTE HUSFICE									15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00 18.00	Hospital-Based (CMHC) I Renal Dialysis										17.00 18.00
19.00											19.00
							From: 1.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2		12/31/		20.00
21.00	Type of Control (see instructions)						1				21.00
					<u> </u>	1.00	2.00		3. (	)()	
	Inpatient PPS Information								0110		
22.00	Does this facility qualify and is it disproportionate share hospital adju					Y	N				22.00
	§412.106? In column 1, enter "Y" fo			`							
	facility subject to 42 CFR Section §		endment								
22. 01	hospital?) In column 2, enter "Y" fo Did this hospital receive interim UC		tal UCPs.	for		Y	Y				22.01
	this cost reporting period? Enter in	column 1, "Y" for yes o	or "N" for	no							
	for the portion of the cost reportin 1. Enter in column 2, "Y" for yes or										
	cost reporting period occurring on o										
22.02	instructions) Is this a newly merged hospital that	roquiros o final UCD to	, ho			N	N				22. 02
22.02	determined at cost report settlement			umn		IN	IN IN				22.02
	1, "Y" for yes or "N" for no, for th	e portion of the cost re	eporting								
	period prior to October 1. Enter in for the portion of the cost reportin			no,							
22.03	Did this hospital receive a geograph	ic reclassification from	n urban to			Ν	N		Y		22.03
	rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c										
	for the portion of the cost reportin										
	in column 2, "Y" for yes or "N" for reporting period occurring on or aft										
	Does this hospital contain at least			is							
	counted in accordance with 42 CFR 41										
22 04	yes or "N" for no. Did this hospital receive a geograph	ic reclassification from	n urban to	, ,							22.04
22.01	rural as a result of the revised OMB	delineations for statis	stical are	eas							22.01
	adopted by CMS in FY 2021? Enter in for the portion of the cost reportin										
	in column 2, "Y" for yes or "N" for	no for the portion of the	ne cost	51							
	reporting period occurring on or aft	er October 1. (see instr	ructions)								
	Does this hospital contain at least counted in accordance with 42 CFR 41										
0-	yes or "N" for no.										
23.00	Which method is used to determine Me below? In column 1, enter 1 if date						3 N				23.00
	if date of discharge. Is the method	of identifying the days	in this o								
	reporting period different from the reporting period? In column 2, ente										
	poporting portou: In corumn z, ente			l	1		I.	1			I

Health Financial Systems         FRANC           HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION	ISCAN HEALTH	LAFAYETTE Provider CC	N· 15-0109	Peri od:	In Lieu		rm CMS- eet S-2	2552-10
				From 01/ To 12/	01/2022 31/2022	Part I Date/T 5/30/2	ime Pre 023 7:1	epared:
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medi cai d el i gi bl e unpai d	Medica HMO da	ys Me	)ther di cai d days	
24.00 If this provider is an IPPS hospital, enter the	1.00	2.00 210	3.00	4.00	5.00		6.00	2 24.00
<ul> <li>24.00 If this provide 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 colum 4, Medicaid HMO paid and eligible but unpaid days column 5, and other Medicaid days in column 6.</li> <li>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</li> </ul>	umn in C			C		282	242	25. 00
Medicaid eligible unpaid days in column 3, Medicai HMO paid and eligible but unpaid days in column 5.	d							
					Rural S 00		f Geogr 00	-
26.00 Enter your standard geographic classification (not		at the beg	jinning of t		1	۷.	00	26.00
<ul> <li>cost reporting period. Enter "1" for urban or "2"</li> <li>27.00 Enter your standard geographic classification (not reporting period. Enter in column 1, "1" for urbar enter the effective date of the geographic reclass</li> <li>35.00 If this is a sole community hospital (SCH), enter</li> </ul>	t wage) status n or "2" for r sification in	rural. If ap column 2.	pplicable,		1			27.00
effect in the cost reporting period.					ni ng:	Endi	i na:	
36.00 Enter applicable beginning and ending dates of SCH	- status Subs	cript line	36 for num	1.	00		00	36.00
of periods in excess of one and enter subsequent dates. 37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 0 33								
is in effect in the cost reporting period. 37.01 Is this hospital a former MDH that is eligible for								37.01
<ul> <li>accordance with FY 2016 OPPS final rule? Enter "Y" instructions)</li> <li>38.00 If line 37 is 1, enter the beginning and ending dagreater than 1, subscript this line for the number</li> </ul>	ates of MDH st	atus. Ifli	ne 37 is					38.00
enter subsequent dates.					/N		/N	
39.00 Does this facility qualify for the inpatient hospi hospitals in accordance with 42 CFR §412.101(b)(2) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or or "N" for no. (see instructions)	)(i), (ii), or et the mileage	(iii)? Ent requiremer	er in colur ts in	ume nn	00 N		<u>00</u> N	39.00
40.00 Is this hospital subject to the HAC program reduct "N" for no in column 1, for discharges prior to Oc	ctober 1. Ente	er "Y" for y			N	I	N	40.00
no in column 2, for discharges on or after October	T. (See ThSt	ructions)			V	XVIII		
Prospective Payment System (PPS)-Capital					1.00	2.00	3.00	
45.00 Does this facility qualify and receive Capital pay	yment for disp	proporti onat	e share in	accordance	e N	Y	N	45.00
<ul> <li>with 42 CFR Section §412.320? (see instructions)</li> <li>46.00 Is this facility eligible for additional payment e pursuant to 42 CFR §412.348(f)? If yes, complete V</li> </ul>			5		N	N	N	46.00
Pt. III. 47.00 Is this a new hospital under 42 CFR §412.300(b) PF 48.00 Is the facility electing full federal capital paym					N	N	N	47.00
Teaching Hospitals 56.00 Is this a hospital involved in training residents		2			N			56.00
<ul> <li>periods beginning prior to December 27, 2020, enter cost reporting periods beginning on or after Decemptine instructions. For column 2, if the response to involved in training residents in approved GME provided are you are impacted by CR 11642 (or applicable). "Y" for yes; otherwise, enter "N" for no in column 57.00</li> <li>57.00 For cost reporting periods beginning prior to Decempting the first cost reporting period during whi at this facility? Enter "Y" for yes or "N" for no residents start training in the first month of thi "N" for no in column 2. If column 2 is "Y", complicable complete Wkst. D, Parts III &amp; IV and D-2, Pt. II, beginning on or after December 27, 2020, under 42</li> </ul>	mber 27, 2020, b column 1 is ograms in the e CRs) MA dir n 2. ember 27, 2020 ch residents b in column 1. s cost report ete Worksheet if applicable CFR 413.77(e	under 42 C "Y", or if prior year rect GME pay ), if line 5 in approved lf column ing period? E-4. lf cc 2. For cost )(1)(iv) ar	ER 413.78(t this hospin or penultin ment reduct 66, column d GME progra 1 is "Y", ( C Enter "Y") olumn 2 is ' reporting p nd (v), rega	b) (2), see tal was nate year, tion? Enter I, is yes, ams trained did 'for yes of 'N", oeriods ardless of	ו			57.00
which month(s) of the cost report the residents we for yes, enter "Y" for yes in column 1, do not com 58.00 If line 56 is yes, did this facility elect cost re defined in CMS Pub. 15-1, chapter 21, §2148? If ye	nplete column eimbursement f	2, and comp or physicia	olete Worksk	neet E-4.	N			58.00

I th Financial Systems FRANCISC. SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provider C			5/30/2023 7:1	pare
				V 1.00	XVIII XIX 2.00 3.00	
00 Are costs claimed on line 100 of Worksheet A? If yes	, compl	ete Wkst. D-2	2, Pt. I. NAHE 413.85 Y/N	N Worksheet A Line #	Pass-Through Qualification Criterion Code	59.
			1.00	2.00	3.00	
OO Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustment? Enter "Y" for yes or "N" for no in colum	85? (s umn 1. R) NAHE	see If column 1	Y	Y		60.
01 If line 60 is yes, complete columns 2 and 3 for each instructions)		n. (see		20.00	1	60.
02 If line 60 is yes, complete columns 2 and 3 for each	program	n. (see		23.00	1	60.
instructions) 03   f  ine 60 is yes, complete columns 2 and 3 for each	program	n. (see		23. 01	1	60.
instructions)	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	1.00	2.00	3.00	4.00 0.00		61
01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61
02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61
<ul> <li>and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)</li> </ul>						61
04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61
05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61
06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61
	Pro	ogram Name			Direct GME FTE Count	
10 Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00 0.00	4.00 0.00	61
specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						
20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0. 00	61
· · · · · · · · · · · ·					1.00	
ACA Provisions Affecting the Health Resources and Ser						
<ul> <li>OD Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instruct)</li> <li>O1 Enter the number of FTE residents that rotated from a during in this cost reporting period of URSA TWC period.</li> </ul>	ti ons) Teachi	ng Health Cer	nter (THC) into		0. 00 0. 00	
during in this cost reporting period of HRSA THC prog Teaching Hospitals that Claim Residents in Nonprovide Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	er Setti ttings	ings during this c	cost reporting p		N	63

Health Financial Systems	FRANCI SCA	N HEALTH LAFAYETTE		In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPL	EX IDENTIFICATION DAT	A Provider C		eriod:	Worksheet S-2	
				rom 01/01/2022 0 12/31/2022	Part I Date/Time Pre	pared:
					5/30/2023 7:1	3 pm
			Unweighted	Unweighted	Ratio (col. 1/	
			FTEs Nonprovider	FTEs in Hospital	(col. 1 + col. 2))	
			Si te	nospi tui	2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Base Year	FTE Residents in Nor	nprovider Settings	This base year	is your cost r	reporting	
period that begins on or after Ju			-	-		
64.00 Enter in column 1, if line 63 is in the base year period, the numb resident FTEs attributable to rot settings. Enter in column 2 the resident FTEs that trained in you of (column 1 divided by (column 1	er of unweighted non- ations occurring in a number of unweighted r hospital. Enter in	primary care all nonprovider non-primary care column 3 the ratio	0.00	0. 00	0. 000000	64.00
	Program Name	Program Code	Unweighted	Unweighted	Ratio (col. 3/	,
			FTEs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
			Si te			
	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 Ratio (col. 1/	
			FTĔs Nonprovider Site	FTES in Hospital	(col. 1 + col. 2))	
Section 5504 of the ACA Current Y	(oon FTF Doo! doots !	Nannaud dava Catt	1.00	2.00	3.00	
beginning on or after July 1, 201		Nonprovider Setting	SEffective fo	or cost reporti	ng periods	
66.00 Enter in column 1 the number of u	nweighted non-primary		0.00	0.00	0. 000000	66.00
FTEs attributable to rotations of Enter in column 2 the number of u FTEs that trained in your hospita	nweighted non-primary I. Enter in column 3	care resident the ratio of				
(column 1 divided by (column 1 +	Column 2)). (see inst Program Name	Program Code	Unweighted	Unweighted	Ratio (col. 3/	
	i i ogi alli malle	riogram coue	FTEs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	(4))	
			Si te			
	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 3 divided by (column 3 + column 4)). (see instructions)			0. 00			67.00

Heal th	Financial Systems FRANCISCAN HEALTH LAFAYETTE		In	Li eu	of Form	CMS-2	2552-10
	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CO		eriod:	V	Vorkshee		
			rom 01/01/2 o 12/31/2		Part ∣ Date∕Tim	ne Prem	pared:
					5/30/202		
				-	1.00	)	
	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49						
68.00	For a cost reporting period beginning prior to October 1, 2022, did you ob MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Fina				N		68.00
	(August 10, 2022)?	ai kuie, o/ ik	49003-4907.	2			
			_	1	0.00		
	Inpatient Psychiatric Facility PPS			1.00	2.00	3.00	
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it conta	ain an IPF subp	provi der?	N			70.00
	Enter "Y" for yes or "N" for no.					_	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teachir recent cost report filed on or before November 15, 2004? Enter "Y" for ye					0	71.00
	42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents						
	program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for ye						
	Column 3: If column 2 is Y, indicate which program year began during this (see instructions)	cost reporting	g period.				
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it consubprovider? Enter "Y" for yes and "N" for no.	ontain an IRF		Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teachir	ng program in 1	the most	N	N	0	76.00
	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 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If						
	indicate which program year began during this cost reporting period. (see						
					1 00		
	Long Term Care Hospital PPS				1.00	)	
	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for r				Ν		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the c "Y" for yes and "N" for no.	cost reporting	period? En	ter	N		81.00
	TEFRA Provi ders						
	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter			no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under $\$413.40(f)(1)(ii)$ ? Enter "Y" for yes and "N" for no.	42 CFR Section	ו				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified u	under section			Ν		87.00
	1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		Approved	for	Number	of	
			Permaner		Approv		
			Adj ustme		Perman		
			(Y/N) 1.00		Adjustm 2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFF	RA target	1.00		2.00		88.00
	amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete co	ol. 2 and line					
	89. (see instructions) Column 2: Enter the number of approved permanent adjustments.						
		Wkst. A Line	Effecti ve	Date	Approv		
		No.			Perman		
					Adjustn Amount		
					Di scha	rge	
80.00	Column 1. If Line 00, column 1 is V, onter the Worksheet A Line number	1.00	2.00		3.00		89.00
07. UU	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.	0.00				0	07. UU
	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.		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? Er yes or "N" for no in the applicable column.	nter "Y" for	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report		N		Y		91.00
92 00	full or in part? Enter "Y" for yes or "N" for no in the applicable column. Are title XIX NF patients occupying title XVIII SNF beds (dual certificati				N		92.00
	instructions) Enter "Y" for yes or "N" for no in the applicable column.				IN		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and	d XIX? Enter	N		Ν		93.00
94.00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no	o in the	N		Ν		94.00
	applicable column.						
	If line 94 is "Y", enter the reduction percentage in the applicable column Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no		0.00 N		0. OC N	)	95.00 96.00
	applicable column.				IN		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column	۱.	0.00		0.00	)	97.00

	Provider C		eriod:	Worksheet S-2	
			rom 01/01/2022 o 12/31/2022	Date/Time Pro	
			V	5/30/2023 7: XI X	<u>13 pm</u>
			1.00	2.00	1
98.00 Does title V or XIX follow Medicare (title XVIII) for the stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" column 1 for title V, and in column 2 for title XIX.	interns and res for yes or "N"	idents post for no in	Y	Y	98.0
98.01 Does title V or XIX follow Medicare (title XVIII) for the C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title XIX.			Y	Y	98.0
98.02 Does title V or XIX follow Medicare (title XVIII) for the bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes for title V, and in column 2 for title XIX.			Y	Y	98.0
78. 03 Does title V or XIX follow Medicare (title XVIII) for a cr reimbursed 101% of inpatient services cost? Enter "Y" for for title V, and in column 2 for title XIX.			N	Ν	98.0
28. 04 Does title V or XIX follow Medicare (title XVIII) for a CA outpatient services cost? Enter "Y" for yes or "N" for no jin column 2 for title XIX.			N	N	98.0
78.05 Does title V or XIX follow Medicare (title XVIII) and add Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no ir column 2 for title XIX.			Y	Y	98.0
98.06 Does title V or XIX follow Medicare (title XVIII) when cos Pts. I through IV? Enter "Y" for yes or "N" for no in colu column 2 for title XIX.			Y	Y	98.0
Rural Providers 105.00Does this hospital qualify as a CAH?			N		105.0
106.00 If this facility qualifies as a CAH, has it elected the al for outpatient services? (see instructions)		1 5			106. 0 107. 0
107.00 Column 1: If line 105 is Y, is this facility eligible for training programs? Enter "Y" for yes or "N" for no in colu Column 2: If column 1 is Y and line 70 or line 75 is Y, or approved medical education program in the CAH's excluded for the "W" for our construction of the construction of the construction.	mn 1. (see ins o you train I&R IPF and/or IRF	tructions) s in an			107.0
Enter "Y" for yes or "N" for no in column 2. (see instruct 108.00 Is this a rural hospital qualifying for an exception to th CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	1	N		108. 0	
	Physi cal 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	-
109.00  f this hospital qualifies as a CAH or a cost provider, ar therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	109.0
		1	1	1.00	_
110.00 Did this hospital participate in the Rural Community Hospi Demonstration)for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.	"Y" for yes or	"N" for no. I	f yes,	1.00 N	110. 0
Demonstration)for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W	"Y" for yes or	"N" for no. I	f yes, gh 215, as	N	110.0
Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable. 111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in	"N" for no. I i nes 200 throu ommuni ty peri od? Enter enter the col umn 2.	f yes,		_
Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable. 111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in	"N" for no. I i nes 200 throu ommuni ty peri od? Enter enter the col umn 2.	f yes, gh 215, as 1.00	N	_
Demonstration)for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable. 111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds	"N" for no. I i nes 200 throug ommuni ty peri od? Enter enter the col umn 2. ; and/or "C" 1.00	f yes, gh 215, as 1.00	N	111.0
<ul> <li>Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.</li> <li>111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.</li> <li>112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began participation in the demonstration, if applicable.</li> </ul>	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds alth Model reporting column 1 is ipating in the eased	"N" for no. I i nes 200 throug ommuni ty period? Enter enter the column 2. ; and/or "C"	f yes, gh 215, as 1.00 N	N 2.00	111. C
<ul> <li>Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.</li> <li>111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.</li> <li>112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began particidemonstration. In column 3, enter the date the hospital current cost participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acce Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no.</li> </ul>	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds alth Model reporting column 1 is ipating in the eased ss and Rural	"N" for no. I i nes 200 throug ommuni ty peri od? Enter enter the col umn 2. ; and/or "C" 1.00	f yes, gh 215, as 1.00 N	N 2.00	111. C
<ul> <li>Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.</li> <li>111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.</li> <li>112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Acceed Transformation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no. Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide</li> </ul>	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds alth Model reporting column 1 is ipating in the eased ss and Rural t cost or "N" for no B, or E only) "93" percent (includes	"N" for no. I i nes 200 throug ommuni ty peri od? Enter enter the col umn 2. ; and/or "C" 1.00	f yes, gh 215, as 1.00 N	N 2.00 3.00	111. C
<ul> <li>Demonstration) for the current cost reporting period? Entercomplete Worksheet E, Part A, lines 200 through 218, and W applicable.</li> <li>111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.</li> <li>112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began participation in the demonstration, if applicable.</li> <li>113.00 Did this hospital participate in the Community Health Accertants formation (CHART) model for any portion of the current reporting period? Enter "Y" for yes or "N" for no. Miscellaneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 1 is yes, enter for ong term care psychiatric, rehabilitation and long term hospitals provide the definition in CMS Pub. 15-1, chapter 22, §2208.1.</li> <li>116.00 Is this facility classified as a referral center? Enter "Y" Enter "Y"</li> </ul>	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds alth Model reporting column 1 is ipating in the eased ss and Rural t cost or "N" for no B, or E only) "93" percent (includes ers) based on	"N" for no. I i nes 200 throug ommuni ty peri od? Enter enter the col umn 2. ; and/or "C" 1.00 N	f yes, gh 215, as 1.00 N	N 2.00 3.00	110. 0 110. 0 111. 0 1112. 0 1113. 0 0 1115. 0 1116. 0
<ul> <li>Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and W applicable.</li> <li>111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this "Y" for yes or "N" for no in column 1. If the response to integration prong of the FCHIP demo in which this CAH is p Enter all that apply: "A" for Ambulance services; "B" for for tele-health services.</li> <li>112.00 Did this hospital participate in the Pennsylvania Rural He (PARHM) demonstration for any portion of the current cost period? Enter "Y" for yes or "N" for no in column 1. If "Y", enter in column 2, the date the hospital began participation in the demonstration, if applicable.</li> <li>113.00 Did this nospital participate in the Community Health Acceet Transformation (CHART) model for any portion of the currer reporting period? Enter "Y" for yes or "N" for no. Miscel aneous Cost Reporting Information</li> <li>115.00 Is this an all-inclusive rate provider? Enter "Y" for yes in column 1. If column 1 is yes, enter the method used (A, in column 2. If column 2 is "E", enter in column 3 either for short term hospital or "98" percent for long term care psychiatric, rehabilitation and long term hospitals provide the definition in CMS Pub. 15-1, chapter 22, §2208.1.</li> </ul>	"Y" for yes or orksheet E-2, I the Frontier C cost reporting column 1 is Y, articipating in additional beds alth Model reporting column 1 is ipating in the eased ss and Rural t cost or "N" for no B, or E only) "93" percent (includes ers) based on " for yes or	"N" for no. I i i nes 200 throug ommuni ty peri od? Enter enter the col umn 2. ; and/or "C" 1.00 N	f yes, gh 215, as 1.00 N	N 2.00 3.00	111. 0 111. 0 112. 0 113. 0 0 115. 0

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provid	F	eriod: rom 01/01/2022 o 12/31/2022	Worksheet S Part I Date/Time P 5/30/2023 7	repared:
	Premi ums	Losses	Insurance	
	1.00	2.00	3.00	
18.01 List amounts of malpractice premiums and paid losses:	617, 498	93, 501	399, 4	57 118. 0
		1.00	2.00	_
18.02 Are malpractice premiums and paid losses reported in a cost center ot Administrative and General? If yes, submit supporting schedule listi and amounts contained therein. 19.00 D0 NOT USE THIS LINE	ther than the ng cost centers	N	2.00	118.0
20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless §3121 and applicable amendments? (see instructions) Enter in column 1 "N" for no. Is this a rural hospital with < 100 beds that qualifies f Hold Harmless provision in ACA §3121 and applicable amendments? (see Enter in column 2, "Y" for yes or "N" for no.	I, "Y" for yes or For the Outpatient	N	N	120. 0
21.00 Did this facility incur and report costs for high cost implantable de patients? Enter "Y" for yes or "N" for no.	evices charged to	Y		121.0
22.00 Does the cost report contain healthcare related taxes as defined in § Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", the Worksheet A line number where these taxes are included.		Y	5.06	122. 0
23.00 Did the facility and/or its subproviders (if applicable) purchase proservices, e.g., legal, accounting, tax preparation, bookkeeping, payr management/consulting services, from an unrelated organization? In co for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater professional services expenses, for services purchased from unrelated located in a CBSA outside of the main hospital CBSA? In column 2, ent "N" for no.	roll, and/or blumn 1, enter "Y" than 50% of total d organizations			123. 0
Certified Transplant Center Information			1	
25.00 Does this facility operate a Medicare-certified transplant center? En and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) belo 26.00 If this is a Medicare-certified kidney transplant program, enter the	JW.	N		125. 0 126. 0
in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare-certified heart transplant program, enter the c				120.0
in column 1 and termination date, if applicable, in column 2. 28.00 f this is a Medicare-certified liver transplant program, enter the c	certification date			128. 0
in column 1 and termination date, if applicable, in column 2. 29.00 If this is a Medicare-certified lung transplant program, enter the ce in column 1 and termination date, if applicable, in column 2.	ertification date			129. 0
30.00 If this is a Medicare-certified pancreas transplant program, enter th date in column 1 and termination date, if applicable, in column 2.				130. 0
31.00 If this is a Medicare-certified intestinal transplant program, enter date in column 1 and termination date, if applicable, in column 2.				131.0
32.00 If this is a Medicare-certified islet transplant program, enter the c in column 1 and termination date, if applicable, in column 2.	certification date			132.0
33. 00 Removed and reserved 34. 00 If this is a hospital-based organ procurement organization (0P0), ent in column 1 and termination date, if applicable, in column 2. All Providers	ter the OPO number			133. 0 134. 0
40.00 Are there any related organization or home office costs as defined in chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and are claimed, enter in column 2 the home office chain number. (see ins 1.00 2.00	home office costs	Y 3.00	158014	140. 0
If this facility is part of a chain organization, enter on lines 141			of the	
home office and enter the home office contractor name and contractor 1.00 Name: FRANCI SCAN ALLIANCE, INC. Contractor's Name: WPS		's Number: 0810	)1	141. (
12.00     Street: 1515     DRAGOON     TRALL     PO Box:     1290       13.00     Ci ty:     MI SHAWAKA     State:     I N	Zi p Code:		6-1290	141.0
			1.00	-
14.00 Are provider based physicians' costs included in Worksheet A?			Y	144.0
		1.00	0.00	
15.00 If costs for renal services are claimed on Wkst. A, line 74, are the	costs for	1.00 Y	2.00	145. (
inpatient services only? Enter "Y" for yes or "N" for no in column 1. no, does the dialysis facility include Medicare utilization for this period? Enter "Y" for yes or "N" for no in column 2.	lf column 1 is			140.0
46.00 Has the cost allocation methodology changed from the previously filed Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chap yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146. (

47.00Was there a change in the statist 48.00Was there a change in the order o 49.00Was there a change to the simplif				ovider CCN: 15-0109 Period: From 01/01/2022 To 12/31/2022			Date/Time Pr 5/30/2023 7:	
48.00 Was there a change in the order o							1.00	_
48.00 Was there a change in the order o		for ves	s or "N" for	no.			N 1.00	147.00
19.00Was there a change to the simplif	f allocation? Enter "Y						N	148.00
	ied cost finding metho	od? Ente	er "Y" for ye	s or "N"	for no	Э.	N	149.00
			Part A	Part		Title V	Title XIX	
-			1.00	2.00		3.00	4.00	_
Does this facility contain a prov or charges? Enter "Y" for yes or			t for Part A	and Part		ee 42 CFR §413	3. 13)	
55.00Hospi tal			N	N		N	N	155.00
56.00 Subprovider - IPF			N	N		N	N	156.00
57.00 Subprovi der – I RF			Ν	N		Ν	N	157.00
58. 00 SUBPROVI DER 59. 00 SNF			N	N		Ν	N	158.00 159.00
59.0015NP 50.001HOME HEALTH AGENCY			N N	N		N	N	160.00
51. 00 CMHC			IN	N		N	N	161.00
						14	14	101.0
							1.00	
Multicampus 55.00 s this hospital part of a Multic	ampus heapital that he			in di	fform	at CDCA-2	N	165. 0
Enter "Y" for yes or "N" for no.	ampus nospitai that na	as one c	or more campu	ises in ui	rierer	IL CBSAS?	IN	105.0
	Name		County	State	Zip (	Code CBSA	FTE/Campus	
	0		1.00	2.00	3. (	0 4.00	5.00	
66.00 If line 165 is yes, for each							0.0	00 166. 00
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)								
	1					1		
Health Information Technology (HI	T) incentive in the Am	nori can	Recovery and	1 Painvast	mont	Act	1.00	_
57.00 Is this provider a meaningful use	r under §1886(n)? Ent	ter "Y"	for ves or "	N" for no	linerit	not	Y	167.0
58.00 If this provider is a CAH (line 1						enter the	-	168.00
reasonable cost incurred for the	HIT assetś (see instru	uctions)	)					
68.01 If this provider is a CAH and is	not a meaningful user,	does t	this provider	qual i fy	for a	hardshi p		168. 0 <sup>-</sup>
exception under §413.70(a)(6)(ii)								
59.00 If this provider is a meaningful		and is	s not a CAH (	line 105	is "N'	'), enter the	9.0	99169.00
transition factor. (see instructi	ons)					Doginning	Ending	_
					-	Begi nni ng 1. 00	Endi ng 2.00	-
70.00 Enter in columns 1 and 2 the EHR	beginning date and end	hing dat	te for the re	porting		1.00	2.00	170.00
period respectively (mm/dd/yyyy)								
					-	1.00	2.00	_
71.00  fline 167 is "Y", does this pro	vider have any days fo	or indiv	viduals enrol	ledin		1.00	2.00	0171.0
section 1876 Medicare cost plans					r	IN		
"Y" for yes and "N" for no in col 1876 Medicare days in column 2. (	umn 1. If column 1 is							

SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022		epared
			-		5/30/2023 7:	13 pm
				Y/N	Date	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSE	MENT OUESTIONS		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS			er all dates in t	he	
	Provider Organization and Operation					
00	Has the provider changed ownership immediately prior to the			N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (see	1			
			Y/N	Date	V/I	
00	Has the provider terminated participation in the Medicare F	program2 lf	1.00 N	2.00	3.00	2.0
00	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.					2.0
00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	offices, drug ler or its of the board	Y			3. (
		•	Y/N	Туре	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues diffe	for Compiled, Milable in	Y	A	05/26/2023	4. 5.
00	those on the filed financial statements? If yes, submit rec		T			5.
			1	Y/N	Legal Oper.	
				1.00	2.00	
00	Approved Educational Activities Column 1: Are costs claimed for a nursing program? Column	2. If ves is	the provide	r Y	Y	6.
	the legal operator of the program?		p			
00 00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing programs and/or allied health programs approve		ved during the	e N		7.
00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved		0			9.
. 00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated c	IS.		Ν		10.
	cost reporting period? If yes, see instructions.					
. 00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N		11.
					Y/N	
	Ded Debte				1.00	
00	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	soo instruct	tions		Y	12.
	If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			ost reporting	N	13.
. 00	If line 12 is yes, were patient deductibles and/or coinsura	nce amounts wa	aived? If ves	SEE	Ν	14.
	instructions.					
00	Bed Complement Did total beds available change from the prior cost reporti	ng poriod2 lf	VOS SOO INS	tructions	N	15.
. 00	In a total beas available change from the piron cost report		rt A	Par		15.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data		1			
00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.
. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/05/2023	Y	04/05/2023	17.
. 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	N		Ν		18.
. 00	cost report? If yes, see instructions. 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.	Ν		Ν		19.

Health Financial Systems

## FRANCISCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10

Health Financial Systems FRANCISCAN HEA	LTH LAFAYETTE		In Lie	u of Form CMS	<u>-2552-10</u>			
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Date/Time Pr	epared:			
				5/30/2023 7:	13 pm			
		iption	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.	Ν		N		21.00			
				1.00				
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	EPT CHILDRENS H	OSPI TALS)						
Capital Related Cost		,						
22.00 Have assets been relifed for Medicare purposes? If yes, see	e instructions			Ν	22.00			
23.00 Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		als made duri	ng the cost	Ν	23.00			
24.00 Were new leases and/or amendments to existing leases entere If yes, see instructions	ed into during	this cost rep	porting period?	Ν	24.00			
25.00 Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	lfyes, see	Ν	25.00			
26.00 Were assets subject to Sec.2314 of DEFRA acquired during th	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.							
Has the provider's capitalization policy changed during the copy.	Ν	27.00						
Interest Expense 28.00 Were new Loans, mortgage agreements or letters of credit er	ntered into dur	ing the cost	reporting	N	28.00			
period? If yes, see instructions. 29.00 Did the provider have a funded depreciation account and/or		-		Ŷ	29.00			
treated as a funded depreciation account? If yes, see instr 0.00 Has existing debt been replaced prior to its scheduled matu	ructions		, ,	Ν	30, 00			
instructions. 31.00 Has debt been recalled before scheduled maturity without is	-	-		N	31.00			
i nstructi ons. Purchased Servi ces		,			_			
32.00 Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instruction of the services of the s		ed through cor	ntractual	Y	32.00			
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to competit	tive bidding? If	Ν	33.00			
Provider-Based Physicians 34.00 Were services furnished at the provider facility under an a	arrangement wit	h provider-h	ased physicians?	Y	34.00			
If yes, see instructions.				•	54.00			
35.00 If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		nts with the p	provi der-based	Ν	35.00			
			Y/N	Date				
			1.00	2.00				
Home Office Costs								
<ul> <li>86.00 Were home office costs claimed on the cost report?</li> <li>87.00 If line 36 is yes, has a home office cost statement been presented and the s</li></ul>	repared by the	home office?	Y Y		36. 00 37. 00			
If yes, see instructions. 8.00 If line 36 is yes, was the fiscal year end of the home of					38.00			
the provider? If yes, enter in column 2 the fiscal year end 9.00 If line 36 is yes, did the provider render services to othe	d of the home d	offi ce.			39.00			
see instructions. 0.00   f  ine 36 is yes, did the provider render services to the			N		40.00			
instructions.		<u> </u>						
Cost Report Preparer Contact Information	1.	00	2.	00				
1.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	PAMELA		MEISER		41.00			
respectively. 2.00 Enter the employer/company name of the cost report	FRANCI SCAN HEA	LTH			42.00			
preparer. 3.00 Enter the telephone number and email address of the cost	734-777-7602		PAMELA. MEI SER@I	FRANCI SCANALLI	43.00			
report preparer in columns 1 and 2, respectively.			ANCE. ORG					

Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETT	E	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Provi der	CCN: 15-0109	Period: From 01/01/2022	Worksheet S-2 Part II	
					To 12/31/2022		pared: <u>3 pm</u>
				3.00			
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the tit	tle/position (	COST REPORT	ANALYST			41.00
	held by the cost report preparer in columns	s 1, 2, and 3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost	t report					42.00
	preparer.						
43.00	Enter the telephone number and email addres	ss of the cost					43.00
	report preparer in columns 1 and 2, respect	ti vel y.					

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	FRANCISCAN HEAL AL DATA	Provider C	CN: 15-0109	Period:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2022 To 12/31/2022	Part I Date/Time Pre 5/30/2023 7:13	
						I/P Days / 0/P	
						Visits / Trips	
	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	
	PART I – STATI STI CAL DATA	1.00	2.00	3.00	4.00	5.00	
00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	146	53, 29	0.00	0	1.
	8 exclude Swing Bed, Observation Bed and					-	
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
00	HMO and other (see instructions)						2.
00	HMO IPF Subprovider						3.
00	HMO IRF Subprovider			1			4.
00	Hospital Adults & Peds. Swing Bed SNF					0	5.
00	Hospital Adults & Peds. Swing Bed NF			1		0	6.
00	Total Adults and Peds. (exclude observation		146	53, 29	90 0.00	0	7.
	beds) (see instructions)						
00	INTENSIVE CARE UNIT	31.00	17	6, 20	0. 00	0	8.
00	CORONARY CARE UNIT						9
. 00	BURN INTENSIVE CARE UNIT						10
. 00	SURGICAL INTENSIVE CARE UNIT						11
. 00	NEONATAL INTENSIVE CARE UNIT	35.00	14	5, 11	10 0.00	0	12
. 00	NURSERY	43.00				0	13
. 00	Total (see instructions)		177	64, 60	0. 00	0	14
. 00	CAH visits					0	15
. 00	SUBPROVIDER - IPF						16
. 00	SUBPROVIDER - IRF	41.00	15	5, 47	75	0	17
. 00	SUBPROVI DER						18
. 00	SKILLED NURSING FACILITY						19
. 00	NURSING FACILITY						20
. 00	OTHER LONG TERM CARE						21
00	HOME HEALTH AGENCY	101.00				0	22
. 00	AMBULATORY SURGICAL CENTER (D. P.)						23
00	HOSPI CE	116.00	0		0		24
. 10	HOSPICE (non-distinct part)	30.00					24
. 00	CMHC - CMHC						25
. 00	RURAL HEALTH CLINIC						26
. 25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26
00	Total (sum of lines 14-26)		192				27
. 00	Observation Bed Days					0	28
00	Ambul ance Tri ps						29
. 00	Employee discount days (see instruction)						30
. 00	Employee discount days - IRF						31
. 00	Labor & delivery days (see instructions)		0		0		32
. 01	Total ancillary labor & delivery room						32
	outpatient days (see instructions)						
. 00	LTCH non-covered days						33
. 01	LTCH site neutral days and discharges						33
. 00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0		0	0	34

IOSPI 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Pre 5/30/2023 7:1	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time E		
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	PART I - STATISTICAL DATA Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2	11, 359	362	31, 98	84		1.0
2.00	for the portion of LDP room available beds) HMO and other (see instructions)	9, 160	7, 230				2.0
3.00	HMO I PF Subprovi der	2, 100 0	7,230				3.0
I. 00	HMO I RF Subprovider	1, 250	0				4.0
5.00	Hospital Adults & Peds. Swing Bed SNF	1, 200	0		0		5.0
b. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.0
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	11, 359	362	31, 98	34		7.0
3.00	INTENSIVE CARE UNIT	1, 583	535	4, 59	93		8.0
. 00	CORONARY CARE UNI T	,					9.0
0.00	BURN INTENSIVE CARE UNIT						10.0
1.00	SURGICAL INTENSIVE CARE UNIT						11.0
2.00	NEONATAL INTENSIVE CARE UNIT	0	1, 880				12.0
3.00	NURSERY		1, 567	2, 9			13.0
4.00	Total (see instructions)	12, 942	4, 344	42, 8	72 0.00	1, 291. 57	14. C
5.00	CAH visits	0	0		0		15.0
6. 00	SUBPROVIDER - IPF						16.0
7.00	SUBPROVIDER - IRF	1, 250	228	2, 5	34 0.00	19.02	
8.00	SUBPROVIDER						18.0
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00 2.00	OTHER LONG TERM CARE	11 102	0	22.0	75 0.00	22.24	21.0
2.00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. )	11, 103	0	22, 8	75 0.00	32.24	22.0
4.00	HOSPICE	О	0		0 0.00	40. 33	
4.10	HOSPICE (non-distinct part)	0	0		0.00	40.00	24.1
5.00	CMHC - CMHC				0		25.0
6.00	RURAL HEALTH CLINIC						26.0
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	
7.00	Total (sum of lines 14-26)				0.00	1, 383. 16	27.0
8.00	Observation Bed Days		0	70	61		28.0
9.00	Ambul ance Trips	0					29.0
0. 00	Employee discount days (see instruction)				0		30.0
1.00	Employee discount days - IRF				0		31. (
2.00	Labor & delivery days (see instructions)	0	242	24	42		32. (
2. 01	Total ancillary labor & delivery room				0		32. (
	outpatient days (see instructions)						
3.00	LTCH non-covered days	0					33. (
33.01	LTCH site neutral days and discharges	0					33.0
4.00	Temporary Expansion COVID-19 PHE Acute Care	0	0		0		34.

iospi 1	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider C	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part I Date/Time Pre 5/30/2023 7:13	pared
		Full Time		Di s	charges		
	Comment	Equi val ents	T: +1 - 1/	Title XVIII	Title XIX		
	Component	Nonpai d Workers	Title V			Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA	11100	12100	10100	11100	10100	
I. 00	Hospital Adults & Peds. (columns 5, 6, 7 and		(	2,6	72 1, 557	9, 889	1.0
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)			1.5			
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider			1, 5	55 0		2.0
1.00	HMO IRF Subprovider HMO IRF Subprovider				0		4.0
F. 00 5. 00	Hospital Adults & Peds. Swing Bed SNF				0		5.0
5.00	Hospital Adults & Peds. Swing Bed SM Hospital Adults & Peds. Swing Bed NF						6.0
7.00	Total Adults and Peds. (exclude observation						7.0
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. (
. 00	CORONARY CARE UNI T						9.
0. 00	BURN INTENSIVE CARE UNIT						10.
1.00	SURGICAL INTENSIVE CARE UNIT						11.
2.00	NEONATAL INTENSIVE CARE UNIT						12.
3.00	NURSERY					0.000	13.
4.00	Total (see instructions)	0.00	(	2,6	72 1, 557	9, 889	
5.00	CAH visits SUBPROVIDER - IPF						15. 16.
7.00	SUBPROVIDER - IRF	0.00	(	1	01 18	186	
8.00	SUBPROVI DER	0.00	(		10	100	17.
9.00	SKILLED NURSING FACILITY						19.
20.00	NURSING FACILITY						20.
1.00	OTHER LONG TERM CARE						21.
2.00	HOME HEALTH AGENCY	0.00					22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.
4.00	HOSPI CE	0.00					24.
4. 10	HOSPICE (non-distinct part)						24.
5.00	CMHC - CMHC						25.
6.00	RURAL HEALTH CLINIC						26.
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.
7.00 8.00	Total (sum of lines 14-26)	0.00					27. 28.
9.00	Observation Bed Days Ambulance Trips						20.
0.00	Employee discount days (see instruction)						30.
1.00	Employee discount days - IRF						31.
32.00	Labor & delivery days (see instructions)						32.
32.01	Total ancillary labor & delivery room			1			32.
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0		33.
33. 01	LTCH site neutral days and discharges				0		33.0
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.0

PI TA	AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2022 To 12/31/2022		pare
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adj usted Sal ari es (col . 2 ± col . 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
-		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II – WAGE DATA SALARIES							+
	Total salaries (see	200.00	139, 994, 413	3 0	139, 994, 41	3 3, 091, 368. 00	45. 29	1
	instructions) Non-physician anesthetist Part		C			0 0.00	0.00	
	A		(			0.00	0.00	′
D	Non-physician anesthetist Part		C	0		0 0.00	0.00	
o	B Physician-Part A -		C	o		0.00	0.00	
	Administrative							
	Physicians - Part A - Teaching Physician and Non		(	-		0 0.00 0 0.00		
	Physician-Part B					0.00		1
	Non-physician-Part B for hospital-based RHC and FQHC		(	0		0 0.00	0.00	
	servi ces	21.00				0 0 00	0.00	
	Interns & residents (in an approved program)	21.00	(	0		0 0.00	0.00	
1	Contracted interns and residents (in an approved		C	0		0 0.00	0.00	
)	programs) Home office and/or related		21, 583, 128	3 0	21, 583, 12	8 546, 832. 00	39.47	8
	organization personnel SNF	44.00	C	o		0.00	0.00	
00	Excluded area salaries (see		27, 713, 898	438, 336	28, 152, 23			
	instructions) DTHER WAGES & RELATED COSTS							-
	Contract Labor: Direct Patient		14, 461, 866	o 0	14, 461, 86	6 120, 889. 00	119.63	1
	Care							
	Contract Labor: Top Level management and other management and administrative services		C	0		0 0.00	0.00	1.
00	Contract Labor: Physician-Part A - Administrative		312, 657	0	312, 65	7 2, 104. 00	148.60	1
00	Home office and/or related organization salaries and		C	0		0 0.00	0.00	1
	wage-related costs Home office salaries		23, 535, 986		23, 535, 98	6 596, 310. 00	39.47	1
	Related organization salaries		23, 333, 786			0 0.00		
	Home office: Physician Part A		C	0		0 0.00	0. 00	1!
	- Administrative Home office and Contract		C	o		0.00	0.00	1
	Physicians Part A - Teaching Home office Physicians Part A		(			0 0 00	0.00	1
	- Teaching		(			0 0.00	0.00	1
	Home office contract Physicians Part A - Teaching WAGE-RELATED COSTS		(	0		0 0.00	0. 00	1
00	Wage-related costs (core) (see		17, 531, 667	/ 0	17, 531, 66	7		1
00	instructions) Wage-related costs (other)							1
	(see instructions) Excluded areas		4, 412, 965		4, 412, 96	Б		1
	Non-physician anesthetist Part		+, +12, 700		4, 412, 70	õ		2
0	A Non-physician anesthetist Part B		C	0		0		2
	Physician Part A - Administrative		C	0		о		2
1	Physician Part A - Teaching		C	o o		0		2
	Physician Part B		(			0		2
	Wage-related costs (RHC/FQHC) Interns & residents (in an		(	-		0		24
	approved program)			_	7 104 40	Б		
	Home office wage-related (core)		7, 194, 425	0	7, 194, 42			2
	Related organization wage-related (core)		C	0		0		2
52	Home office: Physician Part A - Administrative -		(	o o		о		2

	Financial Systems	F	RANCI SCAN HEA				u of Form CMS-2	
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO	F	Period: From 01/01/2022 Fo 12/31/2022		pared:
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Paid Hours	Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0	(	D		25.53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARIE							
26.00	Employee Benefits Department	4.00	279, 535					•
27.00	Administrative & General	5.00	28, 823, 122					
28.00	Administrative & General under		1, 371, 281	0	1, 371, 281	1 10, 835. 00	126. 56	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0	(	0.00		
30.00	Operation of Plant	7.00	2, 797, 122		2, 797, 122			
31.00	Laundry & Linen Service	8.00	539, 259		539, 259			
32.00	Housekeepi ng	9.00	2, 134, 185	0	2, 134, 185			
33.00	Housekeeping under contract		0	0	(	0.00	0.00	33.00
	(see instructions)							
34.00	Dietary	10.00	2, 282, 898	-898, 451	1, 384, 447			34.00
35.00	Dietary under contract (see instructions)		0	0	(	0.00		
36.00	Cafeteri a	11.00	0	898, 451	898, 451	1 42, 004. 99	21.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	(	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,013,782	0	4, 013, 782	2 97, 038. 64	41.36	38.00
39.00	Central Services and Supply	14.00	387, 102	0	387, 102	2 19, 657. 50	19.69	39.00
40.00	Pharmacy	15.00	2, 815, 767	-58, 676	2, 757, 091	1 64, 346. 80	42.85	40.00
41.00	Medi cal Records & Medi cal Records Library	16.00	87, 660	-61, 362	26, 298	3 1, 212. 00	21. 70	41.00
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	(	0.00	l 0.00	43.00

Health Financial Systems	I	RANCISCAN HEA	LTH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
HOSPITAL WAGE INDEX INFORMATION			Provider CC		Period: From 01/01/2022 To 12/31/2022		
	Worksheet A	Amount	Recl assi fi cati			Average Hourly	
	Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
			(from	(col.2 ± col.		col. 5)	
			Worksheet A-6)		col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX	SUMMARY				-		
1.00 Net salaries (see		119, 782, 566	0	119, 782, 56	6 2, 555, 371.00	46. 87	1.00
instructions)							
2.00 Excluded area salaries (see instructions)		27, 713, 898	438, 336	28, 152, 23	4 332, 451.00	84.68	2.00
3.00 Subtotal salaries (line 1		92, 068, 668	-438, 336	91, 630, 33	2, 222, 920. 00	41.22	3.00
minus line 2)							
4.00 Subtotal other wages & related		38, 310, 509	0	38, 310, 50	9 719, 303. 00	53.26	4.00
costs (see inst.)							
5.00 Subtotal wage-related costs (see inst.)		24, 726, 092	0	24, 726, 09	2 0.00	26. 98	5.00
6.00 Total (sum of lines 3 thru 5)		155, 105, 269	-438, 336	154, 666, 93	3 2, 942, 223. 00	52.57	6.00
7.00 Total overhead cost (see		45, 531, 713	-343, 666	45, 188, 04	7 769, 308. 20	58. 74	7.00
instructions)							

	inancial Systems FF _ WAGE RELATED COSTS	RANCI SCAN HEALTH	Provider CCN: 15-0109		u of Form CMS- Worksheet S-3	
SPITAL	_ WAGE RELATED CUSTS		Provider CCN: 15-0109	From 01/01/2022		
				To 12/31/2022		pa
					5/30/2023 7:1	3
					Amount	
					Reported	+
	ART IV - WAGE RELATED COSTS				1.00	+
	art A - Core List					1
	ETIREMENT COST					1.
	01K Employer Contributions				10, 273, 616	1
	ax Sheltered Annuity (TSA) Employer Contribut	ion			10, 273, 010	
	longualified Defined Benefit Plan Cost (see in				0	
	Qualified Defined Benefit Plan Cost (see instr				5, 641, 349	
	LAN ADMINISTRATIVE COSTS (Paid to External Or				5, 041, 547	
	01K/TSA Plan Administration fees	gam zati on)			0	
	egal /Accounting/Management Fees-Pension Plan				0	
	imployee Managed Care Program Administration F	ees			0	
	EALTH AND INSURANCE COST					1
	leal th Insurance (Purchased or Self Funded)				0	1
	leal th Insurance (Self Funded without a Third	Party Administr	ator)		0	
	leal th Insurance (Self Funded with a Third Par				15, 054, 652	
	leal th Insurance (Purchased)				0	
	Prescription Drug Plan				0	
	Dental, Hearing and Vision Plan				572, 521	
	ife Insurance (If employee is owner or benefi	ci arv)			0	
	ccident Insurance (If employee is owner or be				0	
	isability Insurance (If employee is owner or				0	1
	ong-Term Care Insurance (If employee is owner		)		0	1
	Workers' Compensation Insurance	· · · · · · · · · · · · · · · · · · ·	, ,		0	1
	Retirement Health Care Cost (Only current year	, not the extra	ordinary accrual requi	red by FASB 106.	0	1
	loncumul ati ve porti on)		5	5		
TA	AXES					
	ICA-Employers Portion Only				9, 453, 296	1
00 M	ledicare Taxes - Employers Portion Only				0	1
00 U	Inemployment Insurance				0	1
00 S	state or Federal Unemployment Taxes				0	2
	THER					
	xecutive Deferred Compensation (Other Than Re	etirement Cost R	eported on lines 1 thr	ough 4 above. (see	0	2
	nstructions))					
	ay Care Cost and Allowances				0	
	uition Reimbursement				0	1 -
	otal Wage Related cost (Sum of lines 1 -23)				40, 995, 434	2
	art B - Other than Core Related Cost					
00 0	THER WAGE RELATED COSTS (SPECIFY)					2

Heal th	Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0109	Peri od:	Worksheet S-3	
				From 01/01/2022		norod.
				To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 nm
	Cost Center Description			Contract Labor		
				1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Ident	i fi cati on:				
1.00	Total facility's contract labor and benefit	t cost		0	0	1.00
2.00	Hospi tal			0	0	2.00
3.00	SUBPROVIDER - IPF					3.00
4.00	SUBPROVIDER – IRF			0	0	4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	SKILLED NURSING FACILITY					8.00
9.00	NURSING FACILITY					9.00
10.00	OTHER LONG TERM CARE I					10.00
11.00	Hospital-Based HHA			0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I					12.00
13.00	Hospital-Based Hospice			0	0	13.00
14.00	Hospital-Based Health Clinic RHC					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

		FRANCI SCAN HEALTI				eu of Form CMS-2	
HOME H	IEALTH AGENCY STATI STI CAL DATA		Provider Component (		Period: From 01/01/2022 To 12/31/2022	Worksheet S-4 Date/Time Pre	
					Home Health	5/30/2023 7:1 PPS	
					Agency I		
0.00	County				1.	00	0.00
	HOME HEALTH AGENCY STATISTICAL DATA	Title V 1.00	Title XVIII 2.00	Title XIX 3.00	0ther 4.00	Total 5.00	
1.00	Home Health Aide Hours	0	0 716.00		0 0		1.00
2.00	Unduplicated Census Count (see instructions)	0.00	/16.00		oloyees (Full Ti		2.00
		Enter the number your normal v		Staff	Contract	Total	
		0		1.00	2.00	3.00	
3.00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		40.00	1.0	0 0.00	1.00	3.00
4.00 5.00 6.00 7.00 8.00	Director(s) and Assistant Director(s) Other Administrative Personnel Direct Nursing Service Nursing Supervisor Physical Therapy Service		10.00	1. C 10. C 35. C 0. C 16. C	0 0.00 0 0.00 0 0.00 0 0.00	1.00 10.00 35.00 0.00	4.00 5.00 6.00 7.00 8.00
9.00 10.00 11.00 12.00 13.00	Physical Therapy Supervisor Occupational Therapy Service Occupational Therapy Supervisor Speech Pathology Service Speech Pathology Supervisor			0. C 3. C 0. C 1. C 0. C	0 0.00 0 0.00 0 0.00 0 0.00	3.00 0.00 1.00 0.00	11.00 12.00 13.00
14.00 15.00 16.00 17.00	Medical Social Service Medical Social Service Supervisor Home Health Aide Home Health Aide Supervisor			1. C 0. C 1. C 0. C	0 0.00 0 0.00	0. 00 1. 00	15.00
	Other (specify)			0.0			18.00
	HOME HEALTH AGENCY CBSA CODES					1	
19.00 20.00	Enter in column 1 the number of CBSAs where y List those CBSA code(s) in column 1 serviced first code).					6 23844	19.00 20.00
20. 01 20. 02 20. 03 20. 04 20. 05					_	26900 29200 33140 45460 99915	20. 01 20. 02 20. 03 20. 04 20. 05
		Full EpisWithoutWiOutliers1.00		LUPA Epi sode: 3.00	s PEP Onl y Epi sodes 4.00	Total (cols. 1-4) 5.00	
21.00 22.00 23.00 24.00 25.00 26.00 27.00	PPS ACTIVITY DATA Skilled Nursing Visits Skilled Nursing Visit Charges Physical Therapy Visits Physical Therapy Visit Charges Occupational Therapy Visits Occupational Therapy Visit Charges Speech Pathology Visits	4, 320 1, 723, 680 3, 088 1, 278, 432 1, 090 451, 260 155	690 275, 310 745 308, 430 433 179, 262 53	49, 87 7 32, 29 1 7, 45	5 7, 980 8 7 2 2, 898 8 2 2 828 5 0	2, 056, 845 3, 918 1, 622, 052 1, 543 638, 802 213	23.00 24.00 25.00 26.00 27.00
28.00 29.00 30.00 31.00 32.00 33.00	Speech Pathology Visit Charges Medical Social Service Visits Medical Social Service Visit Charges Home Health Aide Visits Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	64, 170 125 60, 000 86 16, 598 8, 864	21, 942 39 18, 720 19 3, 667 1, 979	1, 44	3 0 0 0 0 0 0 0 0 0	167 80, 160 105 20, 265	29.00 30.00 31.00 32.00
34. 00 35. 00	Other Charges Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	0 3, 594, 140	0 807, 331		0 0 9 11, 706	-	34. 00 35. 00
36.00	Total Number of Episodes (standard/non outlier) Total Number of Outlier Episodes	1, 043	106	12	9 7		
37.00 38.00	Total Number of Outrier Episodes Total Non-Routine Medical Supply Charges	0	0		0 0		37.00 38.00

	Financial Systems		RANCISCAN HEA		N 45 0400		u of Form CMS-2	
HOSPI	TAL-BASED HOSPICE IDENTIFICATION	DATA		Provider CC Hospice CCN	CN: 15-0109 N: 15-1563	Period: From 01/01/2022 To 12/31/2022		GH IV pared:
						Hospi ce I		
		Undupl i cated						
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR CO	ST REPORTING P	ERIODS BEGINNI	NG BEFORE OCTO	BER 1, 2015			
. 00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
. 00	Hospice Inpatient Respite Care							3.00
1.00	Hospice General Inpatient Care							4.00
. 00	Total Hospice Days		000 0501 NNU NO		1 0015			5.00
	Part II - CENSUS DATA FOR COST	REPORTING PERI	ODS BEGINNING	BEFORE OCTOBER	1, 2015			
. 00	Number of patients receiving							6.00
. 00	hospice care Total number of unduplicated							7.00
1.00	Continuous Care hours billable							7.00
	to Medicare							
3.00	Average Length of Stay (line 5							8.00
. 00	/ line 6)							0.00
9.00	Unduplicated census count							9.0
	Parts I and II, columns 1 and 2	also include t	the days report	ted in columns	3 and 4.			
				Title XVIII	Title XIX	Other	Total (sum of	
							col s. 1	
							through 3)	
				1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTING	PERIODS BEGIN	INING ON OR AFT	ER OCTOBER 1	, 2015		
0.00	Hospice Continuous Home Care			0		0 0	0	10.00
1.00	Hospice Routine Home Care			37, 786		0 0	37, 786	11.00
2.00	Hospice Inpatient Respite Care			47		0 0	47	12.00
3.00				5		0 0	5	
4.00	Total Hospice Days			37, 838		0 0	37, 838	14.00
	PART IV - CONTRACTED STATISTICA	L DATA FOR COS	T REPORTING PE	RIODS BEGINNIN	G ON OR AFTE	R OCTOBER 1, 2015		
	Hospice Inpatient Respite Care			0		0 0	0	15.00
	Hospice General Inpatient Care			0		0 0	0	16.00

Heal th	Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
	AL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CC	CN: 15-0109	Peri od:	Worksheet S-1	
					From 01/01/2022		
					To 12/31/2022		
						5/30/2023 7:1	3 pili
						1.00	
	Uncompensated and indigent care cost comput	ation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I I		vided by li	ne 202 columr	8)	0. 184572	1.00
	Medicaid (see instructions for each line)				-,		
2.00	Net revenue from Medicaid					60, 634, 314	2.00
3.00	Did you receive DSH or supplemental payment	ts from Medicaid?					3.00
4.00	If line 3 is yes, does line 2 include all D	)SH and/or supplemer	ital payments	s from Medica	id?		4.00
5.00	If line 4 is no, then enter DSH and/or supp	olemental payments f	rom Medicai	d		0	5.00
6.00	Medicaid charges					297, 131, 893	6.00
7.00	Medicaid cost (line 1 times line 6)					54, 842, 228	7.00
8.00	Difference between net revenue and costs for	or Medicaid program	(line 7 minu	us sum of lir	es 2 and 5; if	0	8.00
	< zero then enter zero)						
	Children's Health Insurance Program (CHIP)	(see instructions f	or each line	e)			
9.00	Net revenue from stand-alone CHIP					0	9.00
10.00	Stand-alone CHIP charges	~				0	10.00
11. 00 12. 00	Stand-alone CHIP cost (line 1 times line 10		(line 11 mi)	nuo line O. i	f . Toro then		11. 00 12. 00
12.00	Difference between net revenue and costs for enter zero)	or stand-arone chip	(The Thinh	nus i i ne 9; i	i < zero then	0	12.00
	Other state or local government indigent ca	re program (see ins	tructions fo	or each line)			
13.00	Net revenue from state or local indigent ca				')	0	13.00
14.00	Charges for patients covered under state or					0	14.00
	10)		1 3 (				
15.00	State or local indigent care program cost (	(line 1 times line 1	4)			0	15.00
16.00	Difference between net revenue and costs fo	or state or local in	digent care	program (lir	e 15 minus line	0	16.00
	13; if < zero then enter zero)						
	Grants, donations and total unreimbursed co	ost for Medicaid, CH	IP and state	e/local indig	ent care progra	ms (see	
17 00	instructions for each line)		Sugal and a set			0	17 00
17.00 18.00	Private grants, donations, or endowment inc Government grants, appropriations or transf		9	5		0	17. 00 18. 00
18.00	Total unreimbursed cost for Medicaid , CHIF				(sum of lines		18.00
17.00	8, 12 and 16)		in Thatgent			, v	17.00
				Uni nsured	Insured	Total (col. 1	
				patients	pati ents	+ col. 2)	
				1.00	2.00	3.00	
	Uncompensated Care (see instructions for ea						
20.00	Charity care charges and uninsured discount	ts for the entire fa	cility	38, 323, 45	5, 081, 797	43, 405, 256	20.00
21 00	(see instructions)	and unincured diago	unto (coo		F 001 707	10 155 004	21 00
21.00	Cost of patients approved for charity care instructions)	and uninsured disco	unts (see	7,073,43	5, 081, 797	12, 155, 234	21.00
22.00	Payments received from patients for amounts	s previously writter	off as		0 0	0	22.00
22.00	charity care				0	, i i i i i i i i i i i i i i i i i i i	22.00
23.00	Cost of charity care (line 21 minus line 22	2)		7,073,43	5, 081, 797	12, 155, 234	23.00
						1.00	
24.00	Does the amount on line 20 column 2, incluc			ond a length	of stay limit	N	24.00
	imposed on patients covered by Medicaid or						
25.00	If line 24 is yes, enter the charges for pa	atient days beyond t	he indigent	care program	's length of	0	25.00
24 00	stay limit	+-1 ( :	-+			2 70/ 4/5	2/ 00
26.00	Total bad debt expense for the entire hospi			rusti ana)		2, 796, 465	26.00
27.00 27.01	Medicare reimbursable bad debts for the ent Medicare allowable bad debts for the entire					255, 397 392, 919	27. 00 27. 01
27.01	Non-Medicare bad debt expense (see instruct		See THSTINC	1 01157		2, 403, 546	
28.00	Cost of non-Medicare and non-reimbursable N		nense (see i	instructions)		581, 149	28.00
30.00	Cost of uncompensated care (line 23 column					12, 736, 383	
	Total unreimbursed and uncompensated care of		ine 30)			12, 736, 383	
		· · · · · · · · · · · · · · · · · · ·	/				

21100	IFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	- EXPENSES	Provider CO	F	eriod: rom 01/01/2022	Worksheet A	
					o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
				1 (01. 2)		(col. 3 +-	
		1.00			4.00	<u>col. 4)</u>	
G	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	DO100 CAP REL COSTS-BLDG & FIXT		3, 670, 989	3, 670, 989	7, 159, 114	10, 830, 103	1 1.
	DO200 CAP REL COSTS-MVBLE EQUIP		0				2.
	00400 EMPLOYEE BENEFITS DEPARTMENT	279, 535	33, 181, 498			37, 177, 828	4
	D1160 COMMUNI CATI ONS D1140 MGMT_INFO_SYSTEMS	798, 823 909, 756	408, 941 3, 163, 600	1, 207, 764 4, 073, 356		1, 205, 325 3, 700, 447	5
	00550 PURCHASI NG	13, 182	746, 019				5
04 C	DO570 ADMI TTI NG	-155	1, 101	946		251	5
	00580 PATIENT ACCOUNTING	-425	1, 208, 050			1, 207, 625	5
	DO560 OTHER ADMINISTRATIVE AND GENERAL	27, 101, 941 2, 797, 122	50, 513, 967 14, 091, 962			69, 363, 016 9, 819, 799	5
	DO800 LAUNDRY & LINEN SERVICE	539, 259	712, 185				8
	DO900 HOUSEKEEPI NG	2, 134, 185	1, 147, 128				9
	D1000 DI ETARY	2, 282, 898	1, 781, 292				
	D1100 CAFETERIA D1300 NURSING ADMINISTRATION	0 4, 013, 782	0 2, 179, 446	0 6, 193, 228	.,		
	01400 CENTRAL SERVICES & SUPPLY	387, 102	1, 048, 898				
	D1500 PHARMACY	2, 815, 767	9, 445, 678			2, 871, 919	
	01600 MEDICAL RECORDS & LIBRARY	87, 660	168, 553			69, 664	16
	D1700 SOCIAL SERVICE D2000 NURSING PROGRAM	0 2, 049, 728	0 1, 187, 076	0 3, 236, 804	-	0 3, 035, 751	17 20
	D2301 PHARMACY RESIDENCY	179, 210	15, 363				
01 0	D2300 EMS EDUCATION	47, 095	29, 977	77, 072	60, 352	137, 424	23
	NPATIENT ROUTINE SERVICE COST CENTERS		- / 70 - 5 / 0	00.550.470	7 505 000		
	D3000 ADULTS & PEDIATRICS D3100 INTENSIVE CARE UNIT	22, 872, 636 4, 719, 815	7, 679, 543 1, 300, 987				
	D2060 NEONATAL INTENSIVE CARE UNIT	2, 320, 300	979, 346			3, 124, 515	
00 0	04100 SUBPROVIDER - IRF	1, 804, 731	210, 829				41
	04300 NURSERY	0	0	0	855, 814	855, 814	43
	ANCILLARY SERVICE COST CENTERS	4, 209, 611	20, 875, 998	25, 085, 609	-16, 336, 056	8, 749, 553	50
	D5100 RECOVERY ROOM	629,070	63, 222				
00 0	D5200 DELIVERY ROOM & LABOR ROOM	0	0				
	05400 RADI OLOGY-DI AGNOSTI C	4, 677, 862	7, 779, 970			7, 313, 285	
	D5500 RADI OLOGY – THERAPEUTI C D5600 RADI OI SOTOPE	407, 885 130, 230	401, 570 34, 772			729, 830 150, 489	
	03950 CARDI AC CATH LAB	1, 292, 217	4, 747, 664				
	D5700 CT SCAN	741, 759	754, 999				
		349, 827	89, 983				
	06000 LABORATORY 06500 RESPI RATORY THERAPY	0 2, 140, 762	12, 430, 457 2, 104, 298				
	06600 PHYSI CAL THERAPY	5, 202, 861	2, 112, 558				
	06700 OCCUPATI ONAL THERAPY	1, 645, 123	29, 667	1, 674, 790	-14, 938	1, 659, 852	67
	06800 SPEECH PATHOLOGY	661, 924	22, 898			668, 284	68
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	1, 704, 872 662, 854	2, 667, 418 120, 621	4, 372, 290 783, 475		4, 192, 732 672, 211	69 70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			17, 420, 507	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		12, 638, 031	
	D7300 DRUGS CHARGED TO PATIENTS	0	0	0			
	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	399, 961 84, 866	2, 805 1, 107, 898			402, 281 1, 159, 476	73
	03480 ONCOLOGY	3, 627, 885	13, 612, 392			3, 947, 280	
01 0	03952 ANTI COAGULATI ON	310, 228	35, 082	345, 310	-34, 116	311, 194	76
	03951 INFUSION SERVICES	632, 792	1, 004, 670			841, 832	76
	07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0	0	0	-	0	76
<u>-</u>	DUTPATIENT SERVICE COST CENTERS	0					1 ′ ′
	09000 CLINIC	490, 730	718, 316				90
		6, 129, 712	5, 512, 130				91
	04950 WOUND CARE 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	869, 514	10, 359	879, 873	-4, 699	875, 174	91 92
	09201 OBSERVATION BEDS (DISTINCT PART)	1, 204, 787	752, 051	1, 956, 838	-318, 885	1, 637, 953	
	OTHER REI MBURSABLE COST CENTERS						
	09500 AMBULANCE SERVICES	0	0				
	10100 HOME HEALTH AGENCY 10200 OPI OI D TREATMENT PROGRAM	4, 068, 866 0	355, 121 0				101
	SPECIAL PURPOSE COST CENTERS	0	0		0	0	1.02
8. 00 1	11300 INTEREST EXPENSE		8, 673, 465				
	11600 HOSPICE	3, 090, 577	2, 926, 589				
. 00	SUBTOTALS (SUM OF LINES 1 through 117)	123, 520, 722	223, 819, 401	347, 340, 123	-841, 587	346, 498, 536	118
	CHILE OUT CENTERS						

Health Financial Systems	FRANCI SCAN HEALT	H LAFAYETTE		In Lie	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC		Period: From 01/01/2022	Worksheet A	
				o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	16, 383, 502	3, 671, 239	20, 054, 741	8, 843	20, 063, 584	192.00
194.0007950 MOB	0	0	(	0 0	0	194.00
194. 01 07951 LI FELI NE	0	0	(	0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	(	0 0	0	194. 02
194.03 07954 OTHER NONREI MBURSABLE COST CENTERS	0	0	(	837, 965	837, 965	194.03
194.04 07953 JV-SAGAMORE ASC	33, 721	2, 125	35, 846	0	35, 846	194.04
200.00 TOTAL (SUM OF LINES 118 through 199)	139, 994, 413	227, 482, 281	367, 476, 694	0	367, 476, 694	200. 00

	CATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15-01	From 01/01/202	
				To 12/31/202	2 Date/Time Prepare 5/30/2023 7:13 pm
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8) 6.00	For Allocation 7.00		
GENE	ERAL SERVICE COST CENTERS				
	DO CAP REL COSTS-BLDG & FIXT	230, 994	11, 061, 097		1
1	DO CAP REL COSTS-MVBLE EQUIP	423, 319	20, 213, 749		2
1	DO EMPLOYEE BENEFITS DEPARTMENT	-5, 513, 527	31, 664, 301		4
	60 COMMUNI CATI ONS	0	1, 205, 325		5
	40 MGMT INFO SYSTEMS	-216, 322	3, 484, 125		5
	50 PURCHASI NG	-1, 228, 409	-596, 347		5
	70 ADMI TTI NG	0	251		5
	BO PATIENT ACCOUNTING	0	1, 207, 625		5
	60 OTHER ADMINISTRATIVE AND GENERAL 00 OPERATION OF PLANT	-18, 427, 901 -38, 154	50, 935, 115 9, 781, 645		5
	DO LAUNDRY & LINEN SERVICE	-36, 154	9, 781, 845		8
	DO HOUSEKEEPING	-210, 757	3, 016, 394		9
	DO DI ETARY	-210,757	2, 334, 665		10
	DO CAFETERI A	-1, 517, 732	-4, 162		10
	DO NURSI NG ADMI NI STRATI ON	-565, 855	5, 270, 480		13
	DO CENTRAL SERVICES & SUPPLY	-303, 033	1, 114, 416		14
	DO PHARMACY	567, 164	3, 439, 083		15
	DO MEDICAL RECORDS & LIBRARY	1, 765, 245	1, 834, 909		16
	DO SOCIAL SERVICE	1,703,245	0		10
	DO NURSI NG PROGRAM	-2, 595, 553	440, 198		20
	D1 PHARMACY RESIDENCY	2,070,000	263, 578		23
	DO EMS EDUCATION	-2, 890	134, 534		23
	ATIENT ROUTINE SERVICE COST CENTERS	2,070	101,001		
	DO ADULTS & PEDIATRICS	-875, 493	22, 141, 378		30
	DO I NTENSI VE CARE UNI T	0/0/1/0	5, 303, 453		31
	50 NEONATAL INTENSIVE CARE UNIT	-773, 329	2, 351, 186		35
	DO SUBPROVIDER - IRF	-132, 973	1, 755, 451		41
	DO NURSERY	0	855, 814		43
	LLARY SERVICE COST CENTERS	ı			
. 00 0500	DO OPERATING ROOM	-915	8, 748, 638		50
. 00 0510	DO RECOVERY ROOM	0	668, 754		51
. 00 0520	DO DELIVERY ROOM & LABOR ROOM	0	3, 847, 456		52
. 00 0540	DO RADI OLOGY-DI AGNOSTI C	-495, 262	6, 818, 023		54
. 00 0550	DO RADI OLOGY – THERAPEUTI C	0	729, 830		55
. 00 0560	DO RADI OI SOTOPE	-12, 988	137, 501		56
. 01 0395	50 CARDI AC CATH LAB	0	1, 165, 052		56
. 00 0570	DO CT SCAN	0	1, 121, 934		57
	DO MRI	0	352, 076		58
	DO LABORATORY	-13, 480	11, 502, 671		60
	DO RESPI RATORY THERAPY	-29, 893	2, 994, 440		65
	DO PHYSI CAL THERAPY	-388, 890	5, 354, 826		66
	00 OCCUPATI ONAL THERAPY	-89, 837	1, 570, 015		67
	DO SPEECH PATHOLOGY	0	668, 284		68
	DO ELECTROCARDI OLOGY	-2,001,480	2, 191, 252		69
	DO ELECTROENCEPHALOGRAPHY	-13, 821	658, 390		70
	DO MEDICAL SUPPLIES CHARGED TO PATIENT	0	17, 420, 507		71
	DO IMPL. DEV. CHARGED TO PATIENTS	0	12, 638, 031		72
	DO DRUGS CHARGED TO PATIENTS	-2,853	22, 327, 176		73
	DI DI ABETES CENTER	-2, 300	399, 981		73
	DO RENAL DI ALYSI S	0	1, 159, 476		74
		0	3, 947, 280		76
	52 ANTI COAGULATI ON	-214	310, 980		76
	51 I NFUSI ON SERVI CES	-301, 120	540, 712		76
	98 HYPERBARI C OXYGEN THERAPY	0	0		76
	DO ALLOGENEIC STEM CELL ACQUISITION PATIENT SERVICE COST CENTERS	0	0		77
	DO CLINIC	0	887, 714		90
	DO EMERGENCY	-2, 506, 400	8, 215, 459		90
	50 WOUND CARE	-2, 500, 400	8, 215, 459 875, 174		91
	DO OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0/0, 1/4		91
	01 OBSERVATION BEDS (NON-DISTINCT PART	0	1, 637, 953		92
	ER REIMBURSABLE COST CENTERS	U U	1,007,700		92
	DO AMBULANCE SERVICES	n	-92, 354		95
	DO HOME HEALTH AGENCY	-8, 226	4, 233, 344		101
	DO OPIOID TREATMENT PROGRAM	-0, 220	4, 233, 344		101
	CIAL PURPOSE COST CENTERS	U U	U		102
	DO INTEREST EXPENSE	-2, 763, 086	0		113
	DO HOSPI CE	-2, 103, 000	5, 334, 467		113
8.00 1160 8.00	SUBTOTALS (SUM OF LINES 1 through 117)	-37, 744, 060	308, 754, 476		118
-	REIMBURSABLE COST CENTERS	-37,744,000	300, 734, 470		
	OO GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40, 763		190
	DO PHYSICIANS' PRIVATE OFFICES	0	20, 063, 584		190
2 00 1020					

Health Financial Systems	FRANCI SCAN HEAL	_TH_LAFAYETTE		In Lieu	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	CN: 15-0109	Peri od:	Worksheet A	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
Cost Center Description	Adjustments	Net Expenses				
	(See A-8)	For Allocation				
	6.00	7.00				
194. 01 07951 LI FELI NE	0	0				194.01
194. 02 07952 PATI ENT TRANSPORT	0	0				194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	837, 965				194.03
194.04 07953 JV-SAGAMORE ASC	0	35, 846				194.04
200.00 TOTAL (SUM OF LINES 118 through 199)	-37, 744, 060	329, 732, 634				200. 00

	Financial Systems		FRANCI SCAN HEALT				u of Form CMS-2552-10
RECLAS	SI FI CATI ONS			Provider CC	N: 15-0109	Period: From 01/01/2022	Worksheet A-6
						To 12/31/2022	Date/Time Prepared: 5/30/2023 7:13 pm
	Cost Center	Li ne #	Salary	Other			
	2.00	3.00	4.00	5.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	A - RENTALS CAP REL COSTS-BLDG & FIXT	1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0 0 0 0 0 0 0 0	2,614,940 0 0 0 0 0 0 0 0 0 0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00	O	0.00	00	0 2,614,940			10.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	CAP REL COSTS-MVBLE EQUI P	2.00 0.00		600, 298 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$
	C - MEDI CAL SUPPLI ES						
1.00 2.00	MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO	71.00 72.00	0 0	17, 420, 507 12, 638, 031			1.00 2.00
3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 25.00 26.00 27.00 28.00 29.00 30.00 31.00 31.00 32.00 31.00 32.00 31.00 32.00 31.00 32.00 31.00 31.00 32.00 31.00 31.00 32.00 31.00 31.00 32.00 31.00 32.00 31.00 31.00 32.00 31.00 31.00 32.00 31.00	PATIENTS DRUGS CHARGED TO PATIENTS	$\begin{array}{c} 73.\ 00\\ 0.\ 00\ 0.\ 00\\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 0.$		22, 330, 029 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			$\begin{array}{c} 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ 34.\ 00\\ 35.\ 00\\ 36.\ 00\\ 37.\ 00\\ 38.\ 00\\ 39.\ 00\\ 40.\ 00\\ 41.\ 00\\ \end{array}$

	Financial Systems SIFICATIONS		FRANCI SCAN HEALT		CCN: 15-0109 Period: Worksheet	CMS-2552 A-6
					From 01/01/2022 To 12/31/2022 Date/Time 5/30/2023	e Prepar 3 7:13 p
	Cost Costor	Increases	Calarry	Others		
	Cost Center 2.00	Line # 3.00	Salary 4.00	0ther 5.00		
2.00	2.00	0.00	4.00	5.00		42
. 00 . 00		0.00	0	0		42
. 00		0.00	0	0		44
. 00			— — — <u>o</u>	52, 388, 567		
	E - LDRP		0	32, 300, 307		
00	NURSERY	43.00	711, 934	143, 880		1
00	DELIVERY ROOM & LABOR ROOM	52.00	3, 200, 619	646, 837		2
00			3, 912, 553	790, 717		-
	F - CAFETERIA		3, 712, 333	170,111		
00	CAFETERIA	11.00	898, 451	615, 119		1
00			898, 451	615, 119		
	G - CAPITAL EXP (INT & DEP)		070, 401	015, 119		
00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17, 823, 927		- 1
00	CAP REL CUSIS-MUBLE EQUIP					1
00		0.00	0	0		2
00		0.00	0	0		3
00		0.00	0	0		4
00		0.00	0	0		5
00		0.00	0	0		6
00		0.00	0	0		
00		0.00	0	0		8
00		0.00	0	0		9
. 00		0.00	0	0		1(
. 00		0.00	0	0		1
. 00		0.00	ő	0		12
. 00		0.00	ň	0		13
. 00		0.00	0	0		14
. 00		0.00	0	0		15
			8			
. 00		0.00	0	0		16
. 00		0.00	0	0		17
. 00		0.00	0	0		18
. 00		0.00	0	0		19
. 00		0.00	0	0		20
. 00		0.00	0	0		21
. 00		0.00	0	0		22
. 00		0.00	0	0		23
. 00		0.00	0	0		24
. 00		0.00	0	0		25
. 00		0.00	0	0		26
. 00		0.00	0	0		27
. 00		0.00	0	0		28
. 00		0.00	0	0		29
. 00		0.00	0	0		30
			0			
. 00		0.00	0	0		31
. 00		0.00	0	0		32
. 00		0.00	0	0		33
. 00		0.00	0	0		34
. 00		0.00	0	0		35
. 00		0.00	0	0		36
. 00		0.00	0	0		37
. 00		0.00	0	0		38
. 00		0.00	0	0		39
. 00		0.00	0	0		40
. 00		0.00	o	0		4
. 00		0.00	0	0		42
. 00		0.00	О	0		43
. 00		0.00	ō	0		44
. 00		0.00	0	0		4
00		0.00	0	0		40
00		0.00		0		40
. 00		0.00	0	0		48
			0	0		
. 00	<u> </u>		— — <u> </u>			49
			0	17, 823, 927		
	H - INTEREST					
00	CAP REL COSTS-BLDG & FIXT	1.00	0	4, 544, 174		
00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1, 366, 205		1
	o	+	0	5, 910, 379		
	I - NURSING SCHOOL					
~~	NURSING PROGRAM	20.00	156, 032	243, 209		
JU		0.00	130, 032	243, 207		
	└── ── ── ── ── ──		156, 032	243, 209		4
	10			145 119		
			130, 032	210,207		
00	0 J - PARAMED PROGRAM	22.02				
00 00 00 00	0 J - PARAMED PROGRAM PHARMACY RESIDENCY EMS EDUCATION	23.00	58, 676	10, 114		1

FRANCISCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10

Health Financial Systems

ECLAS	Financial Systems SIFICATIONS		RANCI SCAN HEAL	Provider CCN:	15-0109	Peri od:	u of Form CM Worksheet A	
						From 01/01/2022		
						To 12/31/2022	Date/Time P 5/30/2023 7	repared: :13 pm
		Increases						
	Cost Center	Line #	Salary	Other				
		3.00	4.00	5.00				
. 00	K - FSEH SHARED SERVICES EMPLOYEE BENEFITS DEPARTMENT	4.00	0	106, 893				1.0
. 00	OTHER ADMINISTRATIVE AND	4.00 5.06	0	958, 995				2.0
. 00	GENERAL	5.00	0	930, 993				2.0
. 00	NURSING ADMINISTRATION	13.00	О	441, 724				3.0
.00	PHARMACY	15.00	0	19, 572				4.0
	0		o	1, 527, 184				
	L - EMPLOYEE BENEFITS							
. 00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,082,375				1.0
. 00	COMMUNI CATI ONS	5.01	0	1, 038				2.0
. 00	MGMT INFO SYSTEMS	5.02	0	1, 967				3.0
. 00	PURCHASI NG	5.03	0	41				4.0
. 00	OPERATION OF PLANT	7.00	0	6, 764				5.0
. 00	LAUNDRY & LINEN SERVICE	8.00	0	580				6.0
. 00	HOUSEKEEPING	9.00	0	4, 783				7.0
. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10.00	0	4, 137				8.0
. 00 0. 00	CENTRAL SERVICES & SUPPLY	13.00 14.00	0	10, 829 1, 024				9.0
1.00	PHARMACY	14.00	0	6, 309				11.0
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	232				12.0
3.00	NURSI NG PROGRAM	20.00	0	2, 260				13.0
4.00	PHARMACY RESIDENCY	23.00	o	2,200				14.0
5.00	EMS EDUCATION	23.01	o	41				15.0
6.00	ADULTS & PEDIATRICS	30.00	Ő	17, 362				16.0
7.00	INTENSIVE CARE UNIT	31.00	0	7, 307				17.0
B. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3, 767				18.0
9.00	SUBPROVI DER – I RF	41.00	0	3, 252				19.0
0. OO	OPERATING ROOM	50.00	0	8, 190				20.0
1.00	RECOVERY ROOM	51.00	0	1, 047				21.0
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	8, 672				22.0
3.00	RADI OLOGY - THERAPEUTI C	55.00	0	1, 068				23.0
4.00	RADI OI SOTOPE	56.00	0	192				24.0
5.00	CARDIAC CATH LAB	56.01	0	3, 276				25.0
6.00	CT SCAN	57.00	0	1, 254				26.0
7.00		58.00	0	778				27.0
B. 00	RESPIRATORY THERAPY	65.00	0	2, 782 3, 929				28.0
9.00 0.00	OCCUPATIONAL THERAPY	67.00 68.00	0	3, 929				30.0
1.00	ELECTROCARDI OLOGY	69.00	0	3, 750				30.0
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	1, 623				32.0
3.00	DI ABETES CENTER	73.01	0	682				33.0
4.00	ANTI COAGULATI ON	76.01	Ő	472				34.0
5.00	I NFUSI ON SERVI CES	76.02	o	1, 466				35.0
6.00	CLINIC	90.00	Ö	1, 368				36.0
7.00	EMERGENCY	91.00	0	8, 962				37.0
B. 00	WOUND CARE	91.01	О	1, 760				38.0
9.00	OBSERVATION BEDS (DISTINCT	92.01	О	2, 191				39.0
	PART)							
0. 00	HOME HEALTH AGENCY	101.00	0	12, 020				40.0
1.00	HOSPICE	116.00	0	5, 342				41.0
2.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	155				42.0
2 00	CANTEEN	100.00		22, 100				40.0
3. 00	PHYSICIANS' PRIVATE OFFICES	<u> </u>	0	22,180				43.0
	TOTALS		0	5, 248, 491				-
. 00	M - WORKING WELL OTHER NONREIMBURSABLE COST	194.03	223, 628	614, 337				1.0
. 00	CENTERS	174.03	223, 020	014, 337				1.0
	TOTALS	+	223, 628	614, 337				
~ ~	Grand Total: Increases		5, 330, 794	88, 387, 282				500.0

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	S

RECLAS	Financial Systems SIFICATIONS		TRANCI SCAN TILA	LTH LAFAYETTE Provi der (	CCN: 15-0109	Peri od:	u of Form CMS-2552- Worksheet A-6
						From 01/01/2022 To 12/31/2022	Date/Time Prepared 5/30/2023 7:13 pm
		Decreases				· · ·	<u>- 37 307 2023 7. 13 pm</u>
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00		
	A - RENTALS	7.00	8.00	9.00	10.00		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	58, 161			1. (
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	139, 059		0	2.0
3.00	OPERATION OF PLANT	7.00	0	39		o	3. (
4.00	DIETARY	10.00	0	50, 616		0	4.0
5.00 6.00	ADULTS & PEDIATRICS RADIOLOGY-DIAGNOSTIC	30.00 54.00	0	294, 587 799, 280		0	5.0
7.00	PHYSICAL THERAPY	66.00	0	784, 989		0	7.0
8.00	EMERGENCY	91.00	0	156, 809		0	8. 0
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	241, 032		0	9.0
10.00	HOSPICE	116.00	0	90, 368		o	10. (
			0	2, 614, 940		]	
1.00	B - EQUI PMENT RENTAL MGMT I NFO SYSTEMS	5.02	0	52, 041	1		1. (
2.00	OTHER ADMINI STRATI VE AND	5.06	0	41, 451		0	2. (
	GENERAL			(			
3.00 4.00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	7.00 8.00	0	6, 027 67, 313		0	3.0
5.00	NURSING ADMINISTRATION	13.00	0	4, 628		0	5. 0
6.00	ADULTS & PEDIATRICS	30.00	0	1, 337		0	6.0
7.00 8.00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0	50, 500 7, 742		0	7.0
9.00	RADI OLOGI - DI AGNOSTI C	56.00	0	10, 500		0	9.0
10.00	CT SCAN	57.00	0	4, 200		0	10. 0
11.00		65.00	0	15, 229			11. (
12.00 13.00	PHYSI CAL THERAPY ELECTROENCEPHALOGRAPHY	66.00 70.00	0	47, 969 1, 548		0	12. (
14.00	INFUSION SERVICES	76.02	0	23, 330		о	14. (
15.00	EMERGENCY	91.00	0	76		0	15. (
16.00	HOSPICE	116.00	— — — <del>0</del>	<u> </u>		<u> </u>	16.0
	C - MEDICAL SUPPLIES				1	1	
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS	4.00 5.01	0	23, 177 2, 205		0	1.0
3.00	MGMT INFO SYSTEMS	5.01	0	17, 297		0	3. 0
4.00	PURCHASI NG	5.03	0	62, 754		0	4.0
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	120, 364		0	5.0
6.00	OPERATION OF PLANT	7.00	0	4, 208		o	6. 0
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1, 994		0	7.0
8.00 9.00	HOUSEKEEPI NG DI ETARY	9.00 10.00	0	25, 550 25, 330		0	8. 0
10.00	NURSING ADMINISTRATION	13.00	0	8, 956		0	10.0
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	253, 391		o	11. (
12.00 13.00	PHARMACY MEDICAL RECORDS & LIBRARY	15.00 16.00	0	9, 318, 887 9		0	12. (
14.00	NURSING PROGRAM	20.00	0	15, 805		0	14. 0
15.00	EMS EDUCATION	23. 01	0	15, 752		0	15. (
16.00 17.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0	1, 780, 239 431, 655		0	16.0
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	431, 655		0	17.0
19.00	SUBPROVI DER – I RF	41.00	0	39, 099		0	19. (
20.00	OPERATING ROOM RECOVERY ROOM	50.00	0	15, 036, 413		0	20. 0
21.00 22.00	RADI OLOGY-DI AGNOSTI C	51.00 54.00	0	22, 467 2, 999, 046		0	21.0
23.00	RADI OLOGY - THERAPEUTI C	55.00	0	7, 494		0	23.0
24.00	CARDIAC CATH LAB	56.01	0	4, 185, 910		0	24. (
25.00 26.00	CT SCAN MRI	57.00 58.00	0	252, 324 86, 211		0	25.0
27.00	LABORATORY	60.00	0	841, 713		0	27.0
28.00		65.00	0	769, 630		0	28.0
29.00 30.00	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	66.00 67.00	0	374, 048 9, 419		0	29. 0 30. 0
31.00	SPEECH PATHOLOGY	68.00	0	3, 339		0	31. (
32.00	ELECTROCARDI OLOGY	69.00	О	28, 196		o	32. (
33.00 34.00	ELECTROENCEPHALOGRAPHY DI ABETES CENTER	70.00 73.01	0	75, 769 869		0	33. (
34.00 35.00	RENAL DIALYSIS	73.01	0	27, 433		0	34.0
36.00	ONCOLOGY	76.00	Ō	13, 119, 137		0	36.0
37.00 38.00	ANTI COAGULATI ON I NFUSI ON SERVI CES	76.01 76.02	0	27, 218 770, 362		0	37.0
	IN USION SERVICES	70.02	U	110, 302	1	0	38.0

	Financial Systems SIFICATIONS	F	RANCI SCAN HEAL			Period:	u of Form CM Worksheet	
						From 01/01/2022 To 12/31/2022	Date/Time 5/30/2023	
		Decreases						
	Cost Center 6.00	Line # 7.00	Salary 8.00	0ther 9.00	<u>Wkst. A-7 Ref.</u> 10.00	-		
40.00	EMERGENCY	91.00	0	614, 706	0			40.00
41.00	WOUND CARE	91.01	0	1, 428	0			41.00
42.00	OBSERVATION BEDS (DISTINCT	92.01	0	70, 806	0			42.00
43.00	PART) HOME HEALTH AGENCY	101.00	0	183, 491	0			43.00
43.00	HOSPICE	116.00	0	300, 550	0			43.00
	0			52, 388, 567				1
	E - LDRP					I		
1.00	ADULTS & PEDIATRICS	30.00	3, 912, 553	790, 717	0			1.00
2.00			3, 912, 553	<u>790, 717</u>	0	-		2.00
	F - CAFETERIA		3, 712, 333	770,717				_
1.00	DI ETARY	10.00	898, 451	615, 119	0			1.00
	0		898, 451	615, 119				
1 00	G - CAPITAL EXP (INT & DEP) EMPLOYEE BENEFITS DEPARTMENT	4.00	ol	444 077	9	1		1.00
1.00 2.00	COMMUNI CATI ONS	5.01	0	446, 277 1, 272	9			1.00
3.00	MGMT INFO SYSTEMS	5.02	Ō	305, 538	0			3.00
4.00	PURCHASI NG	5.03	о	64, 426	0			4.00
5.00		5.04	0	695	0			5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2, 715, 784	0			6.00
7.00	OPERATION OF PLANT	7.00	0	7,065,775	0			7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	О	1, 546	0			8.00
9.00	HOUSEKEEPING	9.00	0	33, 395	0			9.00
10.00		10.00	0	143,024	0			10.00
11. 00 12. 00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13.00 14.00	0	354, 138 69, 217	0			11.00 12.00
13.00	PHARMACY	15.00	0	8, 158	0			13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	О	188	0			14.00
15.00	NURSING PROGRAM	20.00	0	586, 749	0			15.00
16.00		23.01	0	5, 391	0			16.00
17. 00 18. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	560, 580 293, 001	0			17.00 18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	67, 102	0			19.00
20.00	SUBPROVI DER – I RF	41.00	О	91, 289	0			20.00
21.00	OPERATING ROOM	50.00	0	1, 257, 333	0			21.00
22. 00 23. 00	RECOVERY ROOM RADI OLOGY-DI AGNOSTI C	51.00 54.00	0	2, 118 1, 347, 151	0			22.00 23.00
23.00 24.00	RADI OLOGY - THERAPEUTI C	55.00	0	73, 199	0			23.00
25.00	RADI OI SOTOPE	56.00	o	4, 205	0			25.00
26.00	CARDIAC CATH LAB	56.01	о	692, 195	0			26.00
27.00	CT SCAN	57.00	0	119, 554	0			27.00
28. 00 29. 00	MRI LABORATORY	58. 00 60. 00	0 0	2, 301 72, 593	0 0			28.00 29.00
30.00	RESPI RATORY THERAPY	65.00	0	438, 650	0			30.00
31.00	PHYSICAL THERAPY	66.00	О	356, 501	0			31.00
32.00	OCCUPATI ONAL THERAPY	67.00	0	9, 448	0			32.00
33.00		68.00	0	14, 248	0			33.00
34. 00 35. 00	ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	69.00 70.00	0	155, 112 35, 570	0			34.00 35.00
36.00	DI ABETES CENTER	73.01	0	298	0			36.00
37.00	RENAL DI ALYSI S	74.00	0	5, 855	0			37.00
38.00	ONCOLOGY	76.00	0	169, 799	0			38.00
39.00	ANTI COAGULATI ON	76. 01 76. 02	0	7,370	0			39.00
40. 00 41. 00	INFUSION SERVICES	76.02 90.00	0	3, 404 580	0			40.00
41.00	EMERGENCY	90.00	0	157, 354	0			41.00
43.00	WOUND CARE	91.01	0	5, 031	0			43.00
44.00	OBSERVATION BEDS (DISTINCT	92.01	0	9, 238	0			44.00
45.00	PART) AMBULANCE SERVICES	95.00	0	10, 900	0			45.00
45.00 46.00	HOME HEALTH AGENCY	95.00 101.00	0	10, 900	0			45.00
47.00	HOSPICE	116.00	0	30, 716	0			47.00
48.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	5, 376	0			48.00
40.00		100 00		40 007	-			40.00
49.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	0	1 <u>3, 3</u> 37 17, 823, 927	0	{		49.00
	H - INTEREST		J	17,023,727				
1.00	INTEREST EXPENSE	113.00	0	5, 910, 379	11			1.00
2.00		0.00	<u>o</u>	0	11			2.00
	0	I	U	5, 910, 379		I		I

ASSI F	FI CATI ONS			Provider (	CCN: 15-0109	From 01/01/2022 To 12/31/2022	Worksheet A-6 Date/Time Prepared <u>5/30/2023 7:13 pm</u>
		Decreases				. 1	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	·	
	6.00	7.00	8.00	9.00	10.00		
	- NURSING SCHOOL	44.00	(1.0/0	4.05 0.00	(		
	EDI CAL RECORDS & LI BRARY	16.00	61, 362	125, 222		0	1.
AD	DULTS & PEDIATRICS		9 <u>4, 6</u> 70	<u>117, 9</u> 87		Ō	2.
0			156, 032	243, 209			
	- PARAMED PROGRAM						
	HARMACY	15.00	58, 676	10, 114		0	1.
AM	MBULANCE_SERVICES	95.00	8 <u>1, 4</u> 54	0		0	2.
0			140, 130	10, 114			
К	- FSEH SHARED SERVICES						
EN	MPLOYEE BENEFITS DEPARTMENT	4.00	0	106, 893		0	1.
ОТ	THER ADMINISTRATIVE AND	5.06	0	958, 995		0	2.
GE	ENERAL						
NU	JRSING ADMINISTRATION	13.00	0	441, 724		0	3.
	HARMACY	15.00	0	19, 572		0	4.
0				1, 527, 184		7	
L	- EMPLOYEE BENEFITS	I	-1	.,			
	THER ADMINI STRATI VE AND	5.06	0	5, 236, 234		0	1.
	ENERAL	0.00	5	0,200,204		-	'.
	HYSI CAL THERAPY	66.00	0	8, 196		0	2.
	VCOLOGY	76.00	0	4, 061		0	3.
	COLOGI	0.00	0	4,001		0	4.
		0.00	0	0		0	5.
			-	0			
		0.00	0	-		0	6.
		0.00	0	0		0	7.
		0.00	0	0		0	8.
		0.00	0	0		0	9.
0		0.00	0	0		0	10.
0		0.00	0	0		0	11.
0		0.00	0	0		0	12.
0		0.00	0	0		0	13.
0		0.00	0	0		0	14.
0		0.00	0	0		0	15.
0		0.00	0	0		0	16.
0		0.00	0	0		0	17.
o		0.00	0	0		0	18.
0		0.00	0	0		0	18.
			- -	-		0	
0		0.00	0	0			20.
0		0.00	0	0		0	21.
0		0.00	0	0		0	22.
0		0.00	0	0		0	23.
0		0.00	0	0		0	24.
0		0.00	0	0		0	25.
0		0.00	0	0		0	26.
0		0.00	0	0		0	27.
0		0.00	0	0		0	28.
0		0.00	0	0		0	29.
0		0.00	0	0		0	30.
0		0.00	0	0		0	31.
0		0.00	0	0		0	32.
0		0.00	0	0 0		0	33.
0		0.00	0	0		0	34.
0		0.00		0		0	34.
		0.00	U C	0		0	
0			U	0			36.
0		0.00	0	0		0	37.
0		0.00	0	0		0	38.
0		0.00	0	0		0	39.
0		0.00	0	0		0	40.
0		0.00	0	0		0	41.
0		0.00	O	0		0	42.
0		0.00	o	0		0	43.
TO	DTALS			5, 248, 491		7	
M	- WORKING WELL	I	-	,,,			
	MPLOYEE BENEFITS DEPARTMENT	4.00	223, 628	614, 337		0	1.
	DTALS	+	223, 628	614, 337		1	
	rand Total: Decreases		5, 330, 794	88, 387, 282			500.

Heal th	Financial Systems				In Lieu of Form CMS-2552-			
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0109	Peri From To	od: n 01/01/2022 12/31/2022		pared:
				Acqui si ti on	s			
		Begi nni ng	Purchases	Donati on		Total	Disposals and	
		Bal ances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES						
1.00	Land	12, 741, 293	4,000,000		0	4, 000, 000	0	1.00
2.00	Land Improvements	4, 868, 998	0		0	0	0	2.00
3.00	Buildings and Fixtures	290, 927, 328	9, 842, 214		0	9, 842, 214	2, 333, 113	3.00
4.00	Building Improvements	5, 192, 487	432, 883		0	432, 883	251, 239	4.00
5.00	Fixed Equipment	0	0		0	0	0	5.00
6.00	Movable Equipment	94, 322, 938	5, 904, 075		0	5, 904, 075	9, 861, 551	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	408, 053, 044	20, 179, 172		0	20, 179, 172	12, 445, 903	8.00
9.00	Reconciling Items	0	21, 251, 981		0	21, 251, 981	5, 851, 285	9.00
10.00	Total (line 8 minus line 9)	408, 053, 044	-1,072,809		0	-1, 072, 809	6, 594, 618	10.00
		Ending Balance	Fully		-			
		J	Depreciated					
			Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES						
1.00	Land	16, 741, 293	0					1.00
2.00	Land Improvements	4, 868, 998	3, 758, 817					2.00
3.00	Buildings and Fixtures	298, 436, 429	23, 305, 958					3.00
4.00	Building Improvements	5, 374, 131	577,052					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	90, 365, 462	36, 698, 243					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	415, 786, 313	64, 340, 070					8.00
9.00	Reconciling Items	15, 400, 696	0					9.00
10.00	Total (line 8 minus line 9)	400, 385, 617	64, 340, 070					10.00

Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0109	Peri od:	Worksheet A-7	
					From 01/01/2022 To 12/31/2022		narod
					10 12/31/2022	5/30/2023 7:1	
			SL	JMMARY OF CAF	PI TAL		
				1 .			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	· ·	
		0.00	10.00	11.00		instructions)	
	PART LL - RECONCILIATION OF AMOUNTS FROM WOR	9.00	10.00	<u>11.00</u>	12.00	13.00	
1.00	PART II - RECONCILIATION OF AMOUNTS FROM WORL	3, 670, 989	N Z, LINES I a		0 0	0	1.00
2.00	CAP REL COSTS-BEDG & FIXT	3, 070, 989	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	3, 670, 989	0		0 0	0	3.00
0.00		SUMMARY O	F CAPITAL				0.00
	Cost Center Description	Other	Total (1) (sum	1			
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)		-			
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM		1			
1.00	CAP REL COSTS-BLDG & FIXT	0	3, 670, 989				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3, 670, 989	1			3.00

Health Financial Systems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 01/01/2022 To 12/31/2022		pared: 3 pm
	COMPUTATION OF RATIOS			ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)		Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CE	1.00	2.00	3.00	4.00	5.00	
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0 0 0	O O O TION OF OTHER (	CAPI TAL	0 1.000000 0.000000 1.000000 SUMMARY 0		1.00 2.00 3.00
Cost Center Description	Taxes	Other Capi tal -Rel ate d 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 CE 1.00 CAP REL COSTS-BLDG & FIXT				0.001.000	0 (11 010	4 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0 0			) 3, 901, 983 18, 247, 246 22, 149, 229		1.00 2.00 3.00
	SUMMARY OF CAPITAL					0.00
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d 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 CE           1.00         CAP REL COSTS-BLDG & FIXT	4, 544, 174			0 0	11, 061, 097	1.00
2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	1, 366, 205 5, 910, 379		· · · · · ·		20, 213, 749 31, 274, 846	2.00 3.00

Heal th	Fi nar	ici al	Systems	
	MENTS	TO F	VPENSES	

	Financial Systems	F	RANCI SCAN HEA			u of Form CMS-2	
ADJUSTI	MENTS TO EXPENSES			Provider CCN: 15-0109	Period: From 01/01/2022	Worksheet A-8	
					To 12/31/2022	Date/Time Prep 5/30/2023 7:13	
				Expense Classification of			
				To/From Which the Amount i	s to be Adjusted		
	Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
1.00	Investment income - CAP REL	1.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00
2.00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
	COSTS-MVBLE EQUIP (chapter 2)						
3.00	Investment income - other (chapter 2)		C		0.00	0	3.00
4.00	Trade, quantity, and time		C		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of		C		0.00	0	5.0
5.00	expenses (chapter 8) Rental of provider space by		C		0.00	0	6.0
	suppliers (chapter 8)		C				
7.00	Telephone services (pay stations excluded) (chapter		C		0.00	0	7.00
	21)						
8.00	Television and radio service (chapter 21)		C		0.00	0	8.0
9.00	Parking lot (chapter 21)		7 005 707		0.00	0	
	Provider-based physician adjustment	A-8-2	-7, 905, 797			0	10.0
11.00	Sale of scrap, waste, etc. (chapter 23)		C		0.00	0	11.00
12.00	Related organization	A-8-1	-2, 759, 763			0	12.0
13.00	transactions (chapter 10) Laundry and linen service		C		0.00	0	13.0
14.00	Cafeteria-employees and guests		-1, 517, 732	CAFETERI A	11.00	0	14.0
15.00	Rental of quarters to employee and others		C		0.00	0	15.0
16.00	Sale of medical and surgical		C		0.00	0	16. 0
	supplies to other than patients						
17.00	Sale of drugs to other than patients		C		0.00	0	17.00
18.00	Sale of medical records and	В	C	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	abstracts Nursing and allied health	В	-2, 594, 133	NURSING PROGRAM	20.00	0	19.00
	education (tuition, fees, books, etc.)						
19. 01	Nursing and allied health	В	-2, 890	EMS EDUCATION	23.01	0	19. 0 <sup>.</sup>
	education (tuition, fees, books, etc.)						
	Vending machines	В	C	DI ETARY	10.00		
21.00	Income from imposition of interest, finance or penalty		C		0.00	0	21.00
22.00	charges (chapter 21)		C		0.00		
22.00	Interest expense on Medicare overpayments and borrowings to		Ĺ		0.00	0	22.0
23. 00	repay Medicare overpayments Adjustment for respiratory	A-8-3	C	RESPI RATORY THERAPY	65.00		23.00
201 00	therapy costs in excess of						20.00
24.00	limitation (chapter 14) Adjustment for physical	A-8-3	C	PHYSICAL THERAPY	66.00		24.00
	therapy costs in excess of						
25.00	limitation (chapter 14) Utilization review -		C	*** Cost Center Deleted ***	* 114.00		25.00
	physicians' compensation (chapter 21)						
26. 00	Depreciation - CAP REL		C	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 0
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL		C	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
	COSTS-MVBLE EQUIP Non-physician Anesthetist		r	*** Cost Center Deleted ***	* 19.00		28.00
29.00	Physicians' assistant		C		0.00	0	29.0
30. 00	Adjustment for occupational therapy costs in excess of	A-8-3	C	OCCUPATI ONAL THERAPY	67.00		30. 0
00.00	limitation (chapter 14)		-				
	Hospice (non-distinct) (see instructions)		C	ADULTS & PEDIATRICS	30.00		30.99
31. 00	Adjustment for speech pathology costs in excess of	A-8-3	C	SPEECH PATHOLOGY	68.00		31.00
	limitation (chapter 14)						

DJUST	Financial Systems MENTS TO EXPENSES	F	RANCI SCAN HEAL		eriod: rom 01/01/2022	worksheet A-8	
				T	o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
				Expense Classification on To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
2.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
3. 00 3. 01	RECRUI TMENT RECRUI TMENT	A A	-	EMPLOYEE BENEFITS DEPARTMENT OTHER ADMINISTRATIVE AND	4.00 5.06		
				GENERAL			
4.00	HAF	A		OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	34.00
5.00	ADVERTI SI NG	A		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
5. 01	ADVERTI SI NG	А	-214	ANTI COAGULATI ON	76.01		
5.02 5.03	ADVERTI SI NG ADVERTI SI NG	A A		OPERATION OF PLANT DIETARY	7.00 10.00		
5. 03 5. 04	ADVERTI SI NG	A		NURSING ADMINISTRATION	13.00		
5.05	ADVERTI SI NG	A		NURSING PROGRAM	20.00		
5.06 5.07	ADVERTI SI NG ADVERTI SI NG	A A		ADULTS & PEDIATRICS SUBPROVIDER – IRF	30. 00 41. 00		
5.07	ADVERTI SI NG	A		PHYSICAL THERAPY	66. 00		
	ADVERTI SI NG	A	-754	OCCUPATI ONAL THERAPY	67.00		
5. 10 5. 00	ADVERTISING ATHLETIC TRAINING	A B		ELECTROCARDI OLOGY PHYSI CAL THERAPY	69.00 66.00		
7.00	BLDG RENT	В	0	OTHER ADMINISTRATIVE AND	5.06		
3. 00	DI SCOUNTS / REBATES	В		GENERAL PURCHASI NG	5.03	0	38.00
3. 01	DI SCOUNTS / REBATES	В		PATI ENT ACCOUNTI NG	5.05		
3. 02	DI SCOUNTS / REBATES	В		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38. 02
3. 03	DI SCOUNTS / REBATES	В		DI ETARY	10.00	0	38.03
3.04	DI SCOUNTS / REBATES	В		DRUGS CHARGED TO PATIENTS	73.00		
	DI SCOUNTS / REBATES DI SCOUNTS / REBATES	B B		OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00		
	DI SCOUNTS / REBATES	В		LABORATORY	60.00		1
	DI SCOUNTS / REBATES	В		RESPI RATORY THERAPY PHARMACY RESI DENCY	65.00		
9.00 0.00	EDUCATION FOOD SERVICE DAY CARE	B B		DIETARY	23.00 10.00		
1.00	MARKETING	А		OTHER ADMINISTRATIVE AND	5.06	0	
1. 02	MARKETING	А		GENERAL ADULTS & PEDIATRICS	30.00	0	41.02
1.05	MARKETING	A	0	PHYSICAL THERAPY	66.00	0	•
	MARKETING	A			67.00		
	MARKETING MARKETING	A A		SPEECH PATHOLOGY ELECTROCARDI OLOGY	68.00 69.00		41.07 41.08
I. 09	MARKETING	A	0	DIABETES CENTER	73.01	0	41.09
	MARKETING MARKETING	A A	-	WOUND CARE HOME HEALTH AGENCY	91.01 101.00		
	MI SCELLANEOUS REVENUE	В		MGMT INFO SYSTEMS	5. 02		
2. 01	MI SCELLANEOUS REVENUE	В		OTHER ADMINISTRATIVE AND	5.06	9	42. 01
2. 02	MI SCELLANEOUS REVENUE	В		GENERAL OPERATION OF PLANT	7.00	0	42.02
	MI SCELLANEOUS REVENUE	В		HOUSEKEEPING	9.00		
	MI SCELLANEOUS REVENUE MI SCELLANEOUS REVENUE	B B		CAFETERIA NURSING ADMINISTRATION	11.00 13.00		
	MI SCELLANEOUS REVENUE	B		PHARMACY	15.00	-	1
2. 07	MI SCELLANEOUS REVENUE	В	-15, 152	ADULTS & PEDIATRICS	30.00	0	42.07
	MI SCELLANEOUS REVENUE MI SCELLANEOUS REVENUE	B B		OPERATING ROOM INFUSION SERVICES	50.00 76.02		
	MI SCELLANEOUS REVENUE	B		RADI OI SOTOPE	56.00		42.10
	MI SCELLANEOUS REVENUE	В		PHYSICAL THERAPY	66.00 (7.00		1
	MI SCELLANEOUS REVENUE MI SCELLANEOUS REVENUE	B B		OCCUPATI ONAL THERAPY ELECTROENCEPHALOGRAPHY	67.00 70.00		
. 14	OTHER (BLANK)	В	0	EMERGENCY	91.00	0	42.14
2.15	MI SCELLANEOUS REVENUE	В		HOME HEALTH AGENCY	101.00		
2.16 3.00	PENSION ADJUSTMENT OTHER ADJUSTMENTS (SPECIFY)	A	-117,175	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00		
	(3)						
4. 00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
0. 00	TOTAL (sum of lines 1 thru 49)		-37, 744, 060				50.00
	(Transfer to Worksheet A, column 6, line 200.)						

Health Financial Systems	F	RANCI SCAN HEA	LTH LAFAYETTE	In Lieu of Form CMS-2552-10		
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0109	Peri od:	Worksheet A-8	
				From 01/01/2022 To 12/31/2022		narod.
				10 12/31/2022	5/30/2023 7:13	3 pm
			Expense Classification o	n Worksheet A		
			To/From Which the Amount is	s to be Adjusted		
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
cost center bescription	1.00	2.00	3.00	4.00	5, 00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.(2) Basis for adjustment (see instructions).

(2) basis for adjustment (see first detroits).
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.

Heal th	Financial Systems	FRANCI SCAN HE	ALTH LAFAYETTE	In Lie	eu of Form CMS-:	2552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 15-0109	Peri od:	Worksheet A-8	-1
OFFICE	COSTS			From 01/01/2022 To 12/31/2022		pared: 3 pm
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost		
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
		MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED C	DRGANIZATIONS OR	CLAIMED	
1.00	HOME OFFICE COSTS:	CAP REL COSTS-BLDG & FIXT	HOME OFFICES	230, 994	0	1.00
2.00		CAP REL COSTS-BEDG & FIXT	HOME OFFICES	2, 564, 132	2, 140, 813	2.00
2.00		INTEREST EXPENSE	INTEREST FA ALLOWCATION	6, 117, 232		3.00
3.00		PHARMACY	HO ALLOCATION	587, 822	0, 000, 310	3.00
3.01		MEDICAL RECORDS & LIBRARY	HO ALLOCATION	1, 765, 245	0	3.01
4.00		EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	1,703,243	5, 260, 281	4.00
4.00		OTHER ADMINISTRATIVE AND GEN		44, 221, 563	38, 552, 364	4.00
4.02			FSEH SHARED SERVICES	0	136,071	4. 02
4.03		OTHER ADMINISTRATIVE AND GEN		0	2, 721, 463	4.03
4.04		NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	535, 869	4.04
4.05		PHARMACY	FSEH SHARED SERVICES	0	19, 572	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
5.00	TOTALS (sum of lines 1-4).			55, 486, 988	58, 246, 751	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

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 par

1105 1	INT DEEL POSTED TO MOLKSHEET A,	corumns r anu/or z, the amou	it allowable si	iouru be murcateu mi coruiim 4	or this part.	
				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownershi p		Ownershi p	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELA	TED ORGANIZATION(S) AND/OR HO	ME OFFLCE:			

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

1 CT IIIDUI						
6.00	В	FRANCI SCAN ALLI	100. 00 F	FRANCI SCAN ALLI	100.00	6.00
7.00	G	FSEH	100. 00 F	FSEH	100.00	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					100.00
	non-financial) specify:					

(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.

Corporation, partnership, or other organization has financial interest in provider. В

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 organi zati on.

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.

Health Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE	In Lieu	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FRO OFFLCE COSTS	OM RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0109	Period: From 01/01/2022	Worksheet A-8-1
			To 12/31/2022	Date/Time Prepared:

						5/30	0/2023 7:13 pm
	Net	Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6.00	7.00					
	A. COSTS INCUR	RED AND ADJUSTN	ENTS REQUIRED AS	A RESULT OF TRA	NSACTIONS WITH RELATED (	ORGANIZATIONS OR CLAIN	IED
	HOME OFFICE CO						
1.00	230, 994						1.00
2.00	423, 319						2.00
3.00	-2, 763, 086						3.00
3.01	587, 822						3. 01
3.02	1, 765, 245	0					3. 02
4.00	-5, 260, 281	0					4.00
4.01	5, 669, 199	0					4. 01
4.02	-136, 071	0					4. 02
4.03	-2, 721, 463	0					4.03
4.04	-535, 869	0					4.04
4.05	-19, 572	0					4.05
4.06	0	0					4.06
4.07	0	0					4.07
4.08	0	0					4. 08
4.09	0	0					4.09
4.10	0	0					4. 10
5.00	-2, 759, 763						5.00
* Tho	amounts on lin	oc 1 4 (and cub	corinto ao approp	ciata) ara tran	sforred in detail to Wer	kchoot A colump 6	noc. 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 RELAT	ED 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.

reriibui	Sement under title AVIII.								
6.00	HOME OFFICE	6.00							
7.00	SISTER FACILITY	7.00							
8.00		8.00							
9.00		9.00							
10.00		10.00							
100.00		100.00							
(1) 1150	(1) Use the following symbols to indicate interrelationship to related organizations:								

(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.

## FRANCISCAN HEALTH LAFAYETTE In Lieu of Form CMS-2552-10

	Tinanciai Syste		TRANCT SCAN THE					
PROVI DE	ER BASED PHYSIC	I AN ADJUSTMENT		Provider (	1	Period: From 01/01/2022 Fo 12/31/2022	Worksheet A-8 Date/Time Pre 5/30/2023 7:1	epared:
	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Prov ider Component Hours	•
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMI NI STRATI VE AND GENERAL	1, 285, 302	1, 139, 927	145, 375	211, 500	969	1.00
2.00	30.00	ADULTS & PEDIATRICS	641, 700	641, 700	0	211, 500	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	786, 853	766, 903	19, 950	211, 500	133	3.00
4.00		SUBPROVIDER – IRF	131, 760			0	0	4.00
5.00		RADI OLOGY-DI AGNOSTI C	518, 852			211, 500		5.00
6.00		RADI OI SOTOPE	12, 867			0	0	6.00
7.00			41, 850			211, 500		7.00
8.00			29, 893			0	0	8.00
9.00		PHYSICAL THERAPY	98, 022				0	9.00
10. 00 11. 00		ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY	2, 000, 496 13, 821	2, 000, 021 13, 821	475	211, 500 0		10. 00 11. 00
12.00		DI ABETES CENTER	2, 300		Ű		-	12.00
12.00		CLINIC	-363		-363	211, 500	-	12.00
14.00		EMERGENCY	2, 556, 428					
200.00	71.00		8, 119, 781			211,000		200.00
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provi der	Physician Cost	200.00
		I denti fi er	Limit	Unadjusted RCE Limit			of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		OTHER ADMINI STRATI VE AND GENERAL	98, 530		0	0		1.00
2.00	30, 00	ADULTS & PEDIATRICS	0	0	0	o	0	2.00
3.00		NEONATAL INTENSIVE CARE UNIT	13, 524	-	-	0	-	3.00
4.00		SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00		RADI OLOGY-DI AGNOSTI C	23, 590	1, 180	0	0	0	5.00
6.00	56.00	RADI OI SOTOPE	0	0	0	0	0	6.00
7.00		LABORATORY	28, 370	1, 419	0	0	0	7.00
8.00		RESPI RATORY THERAPY	0	0	-	0	0	8.00
9.00		PHYSI CAL THERAPY	C	0	-	0	0	9.00
10.00		ELECTROCARDI OLOGY	305			0		10.00
11.00		ELECTROENCEPHALOGRAPHY	0	0	-	0	0	11.00
12.00		DI ABETES CENTER	0	0	-	0	0	12.00
13.00		CLINIC EMERGENCY	- 305 50, 028			0	0	13.00
14.00 200.00	91.00	EMERGENCY	214, 042				0	14.00 200.00
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment	0	200.00
		I denti fi er	Component Share of col. 14	Limit	Di sal I owance	ng us thiont		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00		OTHER ADMINISTRATIVE AND GENERAL	C	98, 530	46, 845			1.00
2.00		ADULTS & PEDIATRICS	0	0	0			2.00
3.00		NEONATAL INTENSIVE CARE UNIT	C		6, 426	773, 329		3.00
4.00		SUBPROVIDER - IRF	0		0	131, 760		4.00
5.00		RADI OLOGY-DI AGNOSTI C	0	23, 590	8, 055	495, 262		5.00
6.00		RADI OI SOTOPE	0	0	12 400	12,867		6.00
7.00 8.00		LABORATORY RESPI RATORY THERAPY		28, 370	13, 480 0	13, 480 29, 893		7.00 8.00
9.00		PHYSICAL THERAPY		0	0	98, 022		8.00 9.00
10.00		ELECTROCARDI OLOGY		305	-	2, 000, 191		10.00
11.00		ELECTROENCEPHALOGRAPHY		0		13, 821		11.00
12.00		DI ABETES CENTER		0	0	2, 300		12.00
13.00		CLINIC		-320		0		13.00
14.00		EMERGENCY	C			2, 506, 400		14.00
200.00			0	214, 027	98, 673	7, 905, 797		200.00

ST A	LLOCATION - GENERAL SERVICE COSTS		Provider C		Peri od:	Worksheet B	2552-
					rom 01/01/2022 o 12/31/2022	Part I Date/Time Pre 5/30/2023 7:1	pare 3 pm
			CAPI TAL REL	ATED COSTS		10/00/2020 // 1	
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ONS	
		for Cost			BENEFI TS		
		Allocation (from Wkst A			DEPARTMENT		
		col . 7)					
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	4.00	5. 01	
00	00100 CAP REL COSTS-BLDG & FIXT	11, 061, 097	11, 061, 097				1.
00	00200 CAP REL COSTS-MVBLE EQUIP	20, 213, 749		20, 213, 749			2.
00 01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS	31, 664, 301	65, 397	125, 148		1 404 774	4. 5.
)2	01140 MGMT INFO SYSTEMS	1, 205, 325 3, 484, 125	14, 153 245, 143	27, 083 469, 119		1, 426, 776 46, 547	5.
03	00550 PURCHASI NG	-596, 347	163, 077	312, 072		28, 333	
04	00570 ADMI TTI NG	251	0	C	-	0	5.
05 06	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL	1, 207, 625 50, 935, 115	105, 770 1, 254, 536	202, 408 2, 400, 746		28, 333 147, 737	5. 5.
00	00700 OPERATION OF PLANT	9, 781, 645	2, 066, 904	2, 400, 740		147,737	5. 7.
00	00800 LAUNDRY & LINEN SERVICE	1, 181, 171	66, 537	127, 330		2, 024	8.
00	00900 HOUSEKEEPI NG	3, 016, 394	176, 340	337, 453		18, 214	9.
	01000 DI ETARY 01100 CAFETERI A	2, 334, 665 -4, 162	277, 383 132, 324	530, 815 253, 223		60, 714 0	
	01300 NURSI NG ADMI NI STRATI ON	5, 270, 480	41, 916	80, 213		18, 214	
	01400 CENTRAL SERVICES & SUPPLY	1, 114, 416	77, 395	148, 108		8, 095	
	01500 PHARMACY	3, 439, 083	128, 320	245, 560		46, 547	15.
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	1, 834, 909	54, 067 8, 383	103, 465 16, 043		34, 405 18, 214	
	02000 NURSI NG PROGRAM	440, 198		1, 084, 137		10, 214	20.
	02301 PHARMACY RESIDENCY	263, 578	0	() 00 () 10/		0	
01	02300 EMS EDUCATION	134, 534	0	C	29, 001	0	23.
00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	22 141 279	1 614 764	3, 090, 098	4 220 880	232, 736	30.
	03100 INTENSIVE CARE UNIT	22, 141, 378 5, 303, 453		3, 090, 098 305, 155		44, 524	
00	02060 NEONATAL INTENSIVE CARE UNIT	2, 351, 186	111, 707	213, 768		34, 405	
	04100 SUBPROVI DER – I RF	1, 755, 451	200, 530	383, 745	407, 149	48, 571	41.
00	04300 NURSERY	855, 814	0	C	146, 882	0	43.
00	ANCI LLARY SERVI CE COST CENTERS	8, 748, 638	473, 256	905, 647	949, 692	48, 571	50.
	05100 RECOVERY ROOM	668, 754	36, 452	69, 757		16, 190	
	05200 DELIVERY ROOM & LABOR ROOM	3, 847, 456	0	C		52, 619	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY - THERAPEUTI C	6, 818, 023	306, 189	585, 940		121, 428 0	54. 55.
	05600 RADI OLOGT - THERAPEOTIC	729, 830 137, 501	56, 778 3, 601	108, 653 6, 891		0	56.
	03950 CARDI AC CATH LAB	1, 165, 052	186, 127	356, 182		0	
	05700 CT SCAN	1, 121, 934	21, 229	40, 625		0	
		352,076		35, 943		0	
	06000 LABORATORY 06500 RESPI RATORY THERAPY	11, 502, 671 2, 994, 440	90, 297 39, 511	172, 797 75, 610		89, 047 68, 809	65.
00	06600 PHYSI CAL THERAPY	5, 354, 826	11, 831	22, 641		12, 143	
00	06700 OCCUPATI ONAL THERAPY	1, 570, 015	0	C		0	67.
00	06800 SPEECH PATHOLOGY	668, 284	1, 362	2,607		0	
00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	2, 191, 252 658, 390	152, 247 73, 906	291, 347 141, 430		12, 143 0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17, 420, 507	0	C	0 0	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS	12, 638, 031	0	C	0	0	
	07300 DRUGS CHARGED TO PATIENTS 07301 DIABETES CENTER	22, 327, 176	0	C	0 00 000	12 142	
	07301 DIABETES CENTER 07400 RENAL DIALYSIS	399, 981 1, 159, 476	25, 595	48, 979	90, 232 9 19, 146	12, 143 0	
00	03480 ONCOLOGY	3, 947, 280	27, 583	52, 784		0	
	03952 ANTI COAGULATI ON	310, 980	0	C	69, 988	0	
	03951 INFUSION SERVICES	540, 712	0	C	142, 759	0	
	07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0	0		, s	0	
20	OUTPATIENT SERVICE COST CENTERS						1
	09000 CLI NI C	887, 714	0	C		0	
		8, 215, 459	580, 430	1, 110, 742		64, 761	
	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	875, 174	238, 720	456, 828	196, 163	0	91. 92.
	09201 OBSERVATION BEDS (NON-DISTINCT PART	1, 637, 953	112, 221	214, 752	271, 801	0	92
	OTHER REIMBURSABLE COST CENTERS		1				
	09500 AMBULANCE SERVICES	-92, 354	150, 203	287, 436			95.
	10100 HOME HEALTH AGENCY 10200 OPI OI D TREATMENT PROGRAM	4, 233, 344	274, 283	524, 882 (			101. 102.
2.00	SPECIAL PURPOSE COST CENTERS	0	0	L C	, 0	0	102.
	11300 I NTEREST EXPENSE						113.

Health Financial Systems	FRANCISCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	F	veriod: rom 01/01/2022 o 12/31/2022	
		CAPI TAL REL	ATED COSTS		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS
	0	1.00	2.00	4.00	5.01
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	308, 754, 476	10, 411, 239	19, 923, 493	28, 087, 915	1, 426, 776 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40, 763	43, 431	83, 219	12, 739	0 190. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	20, 063, 584	108, 189	207, 037	3, 696, 134	0 192.00
194.0007950 MOB	0	0	C	0	0 194.00
194. 01 07951 LI FELI NE	0	0	C	0	0 194. 01
194. 02 07952 PATI ENT TRANSPORT	0	0	C	0	0 194. 02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	837, 965	422, 567	C	50, 451	0 194. 03
194.0407953JV-SAGAMORE ASC	35, 846	75, 671	C	7, 607	0 194. 04
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers		0	C	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	329, 732, 634	11, 061, 097	20, 213, 749	31, 854, 846	1, 426, 776 202. 00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEAL	Provi der CC	CN: 15-0109	Peri od: From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
	Cost Center Description	MGMT INFO	PURCHASI NG	ADMI TTI NG	PATI ENT	5/30/2023 7:1 Subtotal	3 pm
		SYSTEMS 5.02	5.03	5.04	ACCOUNTING 5.05	5A. 05	
	GENERAL SERVICE COST CENTERS	5.02	5.03	5.04	5.05	5A. 05	-
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 5. 02	01160 COMMUNICATIONS 01140 MGMT INFO SYSTEMS	4, 450, 176					5.01 5.02
5.03	00550 PURCHASI NG	0	-89, 891				5.03
5.04	00570 ADMI TTI NG	0	0	25	51		5.04
5.05	00580 PATIENT ACCOUNTING	0	0	25			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	178, 448	0		0 0	61, 296, 882	•
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	181, 682 33, 603	0		0 0	16, 727, 905 1, 532, 322	•
9.00	00900 HOUSEKEEPING	185, 188	0		0 0	4, 215, 063	1
10.00	01000 DI ETARY	144, 669	0		0 0	3, 643, 472	1
11.00	01100 CAFETERI A	0	0		0 0	601, 183	•
13.00	01300 NURSI NG ADMI NI STRATI ON	124, 766	0		0 0	6, 441, 102	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	25, 438 101, 156	0		0 0	1, 460, 783 4, 582, 668	•
16.00	01600 MEDICAL RECORDS & LIBRARY	4, 439	0		0 0	2, 037, 218	•
17.00	01700 SOCI AL SERVI CE	0	0		0 0	42, 640	
20.00	02000 NURSI NG PROGRAM	59, 220	0		0 0	2, 647, 705	20.00
23.00	02301 PHARMACY RESIDENCY	6, 114	0		0 0	323, 359	•
23.01	02300 EMS EDUCATION	2,402	0		0 0	165, 937	23.01
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	1, 037, 257	0		0 134, 688	32, 580, 810	30.00
31.00	03100 I NTENSI VE CARE UNI T	229, 878	0		0 22, 199		•
35.00	02060 NEONATAL INTENSIVE CARE UNIT	100, 803	0		0 18, 952	3, 354, 283	•
41.00	04100 SUBPROVI DER – I RF	76, 900	0		0 5, 987	2, 878, 333	•
43.00		0	0		0 4, 764	1, 007, 460	43.00
50.00	ANCI LLARY SERVICE COST CENTERS	146, 167	0		0 307, 236	11, 579, 207	50.00
51.00	05100 RECOVERY ROOM	26, 996	0		0 16, 991	977, 059	•
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 19, 447	4, 581, 482	•
54.00	05400 RADI OLOGY-DI AGNOSTI C	171, 680	0		0 106, 245	9, 164, 835	•
55.00	05500 RADI OLOGY - THERAPEUTI C	16, 962	0		0 14,064	1, 018, 306	•
56.00	05600 RADI OI SOTOPE	3,086	0		0 13, 845 0 77, 646	194, 304	•
56. 01 57. 00	03950 CARDI AC CATH LAB 05700 CT SCAN	45, 201 32, 125	0		0 77, 646 0 61, 762	2, 121, 733 1, 445, 017	1
58.00	05800 MRI	15, 253	0		0 10, 471	511, 446	1
60.00	06000 LABORATORY	0	0		0 130, 432	11, 985, 244	60.00
65.00	06500 RESPI RATORY THERAPY	87, 206	0		0 29, 399	3, 777, 933	•
66.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	151, 665	0		0 29,641	6, 756, 518	•
67.00 68.00		47, 118 18, 793	0		0 14, 795 0 5, 257	2, 003, 069 845, 634	
	06900 ELECTROCARDI OLOGY	60, 257	0		0 38, 995	3, 130, 862	•
	07000 ELECTROENCEPHALOGRAPHY	31, 436	0		0 5, 081	1, 059, 784	•
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 87, 416	17, 507, 923	•
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 42, 265	12, 680, 296	•
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 DIABETES CENTER	0 13, 984	0		0 77, 366	22, 404, 542 516, 345	•
74.00	07400 RENAL DIALYSIS	3,002	0		0 3, 160	1, 259, 358	
76.00	03480 ONCOLOGY	133, 748	0		0 24, 824	5, 004, 673	•
76.01	03952 ANTI COAGULATI ON	7, 095	0		0 1, 015	389, 078	
76.02	03951 I NFUSI ON SERVI CES	22, 160	0		0 3, 940	709, 571	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	
11.00	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	77.00
90.00	09000 CLINIC	23, 250	0		0 763	1, 022, 436	90.00
91.00	09100 EMERGENCY	275, 785	0		0 133, 934	11, 763, 980	91.00
91.01	04950 WOUND CARE	20, 290	О		0 780	1, 787, 955	•
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	(0.005				0	92.00
92.01	09201 OBSERVATI ON BEDS (DI STI NCT PART)	68, 085	0		0 8, 541	2, 313, 353	92.01
95 00	OTHER REI MBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES	180, 777	0		0 0	526, 062	95 00
	10100 HOME HEALTH AGENCY	158, 177	0		0 8,868	6, 117, 494	
	10200 OPI OI D TREATMENT PROGRAM	0	0		0 0		102.00
	SPECIAL PURPOSE COST CENTERS						4
	11300 I NTEREST EXPENSE	100.05-	_		0	/ 00 / FF :	113.00
116.00 118.00	SUBTOTALS (SUM OF LINES 1 through 117)	109, 239	0	25	0 83,613	6, 224, 556	•
118.00	SUBTOTALS         SUB OF         LINES         1         through         117)           NONREI MBURSABLE         COST         CENTERS	4, 361, 500	0	28	51 1, 544, 387	304, 048, 646	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 283	0		0 0	182, 435	190.00
192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	85, 818	0		0 0	24, 160, 762	192.00
194.00	07950 MOB	0	0		0 0	0	194.00

Heal th Financi	ial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST ALLOCATI	ON - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2022	Worksheet B Part I	
					To 12/31/2022		
C	Cost Center Description	MGMT INFO SYSTEMS	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	Subtotal	
		5.02	5.03	5.04	5. 05	5A. 05	
194.0107951 L	_I FELI NE	0	0		0 0	0	194.01
194.0207952 P	PATI ENT TRANSPORT	0	0		0 0	0	194. 02
194.03079540	THER NONREIMBURSABLE COST CENTERS	0	0		0 0	1, 310, 983	194.03
194.0407953 J	JV-SAGAMORE ASC	575	0		0 0	119, 699	194.04
200.00 C	Cross Foot Adjustments					0	200. 00
201.00 N	Negative Cost Centers	0	-89, 891		0 0	-89, 891	201.00
202.00 T	TOTAL (sum lines 118 through 201)	4, 450, 176	-89, 891	25	1, 544, 387	329, 732, 634	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS		Provider CC	F	eriod: rom 01/01/2022 o 12/31/2022	u of Form CMS-: Worksheet B Part I Date/Time Pre 5/30/2023 7:1	pared:
	Cost Center Description	OTHER ADMI NI STRATI VE AND GENERAL	OPERATI ON OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
	CENEDAL SEDVICE COST CENTEDS	5.06	7.00	8.00	9.00	10.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 5.\ 06\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-WVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 01140 MGMT INFO SYSTEMS 00550 PURCHASING 00550 PURCHASING 00550 PURCHASING 00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	61, 296, 882 3, 818, 512 349, 786 962, 181 831, 703 137, 233 1, 470, 323 333, 456 1, 046, 095 465, 040 9, 734 604, 397	20, 546, 417 191, 308 507, 009 797, 528 380, 457 120, 517 222, 526 368, 945 155, 452 24, 103 1, 628, 872	2, 073, 416 47, 951 58, 234 0 52, 549 52, 549 0 0	5, 732, 204 248, 244 118, 423 37, 513 69, 265 114, 840 48, 387 7, 503	5, 579, 181 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 4. \ 00\\ 5. \ 01\\ 5. \ 02\\ 5. \ 03\\ 5. \ 04\\ 5. \ 05\\ 5. \ 06\\ 7. \ 00\\ 8. \ 00\\ 10. \ 00\\ 11. \ 00\\ 11. \ 00\\ 13. \ 00\\ 14. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 20. \ 00\\ 20. \ 00\\ \end{array}$
	02301 PHARMACY RESIDENCY	73, 814	0			0	23.00
23. 01	02300 EMS EDUCATION INPATIENT ROUTINE SERVICE COST CENTERS	37, 879	0	0	0	0	23. 01
31.00 35.00 41.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF 04300 NURSERY	7, 437, 279 1, 627, 457 765, 689 657, 043 229, 975	4, 642, 744 458, 483 321, 178 576, 561 0	111, 503 46, 476 39, 361	142, 710 99, 972 179, 464	4, 569, 534 650, 670 0 358, 977 0	30.00 31.00 35.00 41.00 43.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	2, 643, 209	1, 360, 698	363, 639	423, 540	0	50.00
$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 56.\ 01\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 67.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 73.\ 01\\ 74.\ 00\\ 73.\ 00\\ 74.\ 00\\ 76.\ 01\\ 76.\ 02\\ 76.\ 98\\ 77.\ 00\\ 90.\ 00\\ \end{array}$	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY - THERAPEUTIC 05600 RADIOISOTOPE 03950 CARDIAC CATH LAB 05700 CT SCAN 05800 MRI 06000 LABORATORY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06600 SPEECH PATHOLOGY 06700 OCCUPATIONAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DIABETES CENTER 07400 RENAL DIALYSIS 03480 ONCOLOGY 03952 ANTICOAGULATION 03951 INFUSION SERVICES 07698 HYPERBARIC OXYGEN THERAPY 07700 ALLOGENEL STEM CELL ACQUISITION 0UTPATIENT SERVICE COST CENTERS 09000 CLINIC	2, 643, 209 223, 035 1, 045, 824 2, 092, 075 232, 451 44, 354 484, 32 329, 857 116, 749 2, 735, 896 862, 396 1, 542, 324 457, 245 193, 035 714, 688 241, 919 3, 996, 569 2, 894, 557 5, 114, 330 117, 867 287, 476 1, 142, 427 88, 816 161, 975 0 0	1, 300, 698 104, 807 0 880, 351 163, 247 10, 353 535, 150 61, 038 54, 003 259, 620 113, 601 34, 016 0 3, 917 437, 737 212, 493 0 0 73, 589 79, 305 0 0 0 0 0 0 0 0 0 0 0 0 0	66, 868 81, 666 127, 596 0 0 8, 431 0 13, 220 15, 480 28, 809 0 0 11, 742 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32, 623 0 274, 024 50, 813 3, 222 166, 574 18, 999 16, 809 80, 811 35, 360 10, 588 0 11, 219 136, 253 66, 142 0 0 22, 906 24, 685 0 0 0 0		51.00 52.00 54.00 55.00 56.01 57.00 58.00 60.00 65.00 66.00
91. 00 91. 01 92. 00 92. 01	09100 EMERGENCY 04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	2, 685, 387 408, 140 528, 074	1, 668, 845 686, 365 <u>322, 65</u> 7	191, 560 0 0	519, 456 213, 643 100, 432	0 0 0	91.00 91.01 92.00 92.01
101.00	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	120, 085 1, 396, 453 0	431, 861 788, 614 0	0 0 0	245, 469	0	95.00 101.00 102.00
	11300 I NTEREST EXPENSE 11600 HOSPI CE	1, 420, 892 55, 413, 427	0 18, 677, 950	0 2, 073, 416	0 5, 596, 461	0 5, 579, 181	113.00 116.00 118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	41, 645 5, 515, 225	124, 874 311, 065				190. 00 192. 00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 01/01/2022	Worksheet B Part I	
	_			Го 12/31/2022	Date/Time Pre 5/30/2023 7:1	
Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	ADMI NI STRATI VE	PLANT	LINEN SERVICE			
	AND GENERAL					
	5.06	7.00	8.00	9.00	10.00	
194.00 07950 MOB	0	0	(	0 0	0	194.00
194. 01 07951 LI FELI NE	0	0	(	0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	(	0 0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	299, 261	1, 214, 959	(	0 0	0	194.03
194. 04 07953 JV-SAGAMORE ASC	27, 324	217, 569	(	0 0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	(	0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	61, 296, 882	20, 546, 417	2, 073, 41	5, 732, 204	5, 579, 181	202.00

	Financial Systems LOCATION - GENERAL SERVICE COSTS		Provi der CCI		Period: From 01/01/2022	Worksheet B Part I	
					To 12/31/2022	Date/Time Pre 5/30/2023 7:1	parec 3 pm
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16. 00	
	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.0
	00200 CAP REL COSTS-MUBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 4.
	01160 COMMUNI CATI ONS						5.0
	01140 MGMT INFO SYSTEMS						5.0
	00550 PURCHASI NG						5.0
	00570 ADMI TTI NG						5.0
	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL						5. 5.
	00700 OPERATION OF PLANT						7.0
	00800 LAUNDRY & LINEN SERVICE						8.
	00900 HOUSEKEEPI NG						9.1
	01000 DI ETARY						10.0
	01100 CAFETERIA	1, 237, 296	0 110 000				11.0
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	41, 425 8, 446	8, 110, 880 0	2, 147, 02	5		13.
	01500 PHARMACY	33, 586	0	2, 147, 02			15.0
	01600 MEDICAL RECORDS & LIBRARY	1, 474	0	,	1 0	2, 707, 572	16.
	01700 SOCIAL SERVICE	0	0		0 0	0	17.0
	02000 NURSI NG PROGRAM	19, 662	0	1, 04		0	20.
	02301 PHARMACY RESIDENCY 02300 EMS EDUCATION	2, 030 797	0		0 0 0 0	0	23.
	INPATIENT ROUTINE SERVICE COST CENTERS	191	U	1, 08		0	23.
	03000 ADULTS & PEDI ATRI CS	344, 387	2, 979, 113	126, 20	2 0	236, 088	30.0
	03100 I NTENSI VE CARE UNI T	76, 324	660, 234	30, 69		38, 911	31.
	02060 NEONATAL INTENSIVE CARE UNIT	33, 468	289, 516	7, 92		33, 220	35.
	04100 SUBPROVIDER - IRF	25, 532	220, 866	2, 78		10, 494	
		0	0		0 0	8, 351	43.
	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	48, 530	419, 808	1, 251, 84	8 0	539, 032	50.
	05100 RECOVERY ROOM	8, 963	77, 536	1, 59		29, 782	
	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	34, 088	52.
	05400 RADI OLOGY-DI AGNOSTI C	57,001	0	132, 30		186, 232	
	05500 RADI OLOGY - THERAPEUTI C	5, 632	0	52		24, 651	55.
	05600 RADI OI SOTOPE 03950 CARDI AC CATH LAB	1, 025 15, 008	8, 865 129, 822	251, 54	-	24, 268 136, 102	
	05700 CT SCAN	10, 666	0	11, 41		108, 261	
	05800 MRI	5,064	0	2, 64		18, 355	
	06000 LABORATORY	0	0	62, 02		228, 628	
1	06500 RESPI RATORY THERAPY	28, 954	250, 464	54, 74		51, 531	
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	50, 356 15, 644	435, 598 135, 329	18, 74 67		51, 957 25, 933	
	06800 SPEECH PATHOLOGY	6, 240	53, 975	23	0 0	9, 215	
	06900 ELECTROCARDI OLOGY	20,006	173, 063	2,00		68, 352	
0. 00	07000 ELECTROENCEPHALOGRAPHY	10, 437	90, 288	5, 39	3 0	8, 906	70.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	153, 227	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	74,084	72.
	07300 DRUGS CHARGED TO PATIENTS 07301 DIABETES CENTER	0 4,643	40, 165	6	0 6, 167, 424 2 0	135, 611 9	73. 73.
	07400 RENAL DI ALYSI S	997	8, 622	1, 08		5, 538	74.
	03480 ONCOLOGY	44, 407	0	83, 74		43, 513	
	03952 ANTI COAGULATI ON	2, 356	0	1, 93	7 0	1, 779	76.
	03951 INFUSION SERVICES	7,358	0	11, 01		6, 905	
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.
	07700 ALLOGENEI C STEM CELL ACQUI SI TI ON OUTPATI ENT SERVI CE COST CENTERS	0	0		0 0	0	77.
	09000 CLINIC	7, 720	0	4, 78	8 0	1, 338	90.
	09100 EMERGENCY	91, 566		43, 47		234, 767	91.
	04950 WOUND CARE	6, 737	58, 275	8	7 0	1, 367	91.
	09200 OBSERVATION BEDS (NON-DISTINCT PART		_		,		92.
	09201 OBSERVATION BEDS (DISTINCT PART)	22, 605	0	4, 99	6 0	14, 971	92.
. 00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES	60, 021	519, 212		0 0	0	95.
	10100 HOME HEALTH AGENCY	52, 518		3, 13		15, 545	
	10200 OPI OI D TREATMENT PROGRAM	0	434, 301		0 0		102.
	SPECIAL PURPOSE COST CENTERS						1
	11300 I NTEREST EXPENSE						113.
	11600 HOSPI CE	36, 269	313, 745	5, 76		146, 561	
8.00		1, 207, 854	8, 110, 880	2, 146, 80	8 6, 167, 424	2, 707, 572	1118.
	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	758	0	8	4 0	0	190.
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Health Financial Systems	FRANCISCAN HEALTH LAFAYETTE			In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2022	Worksheet B		
				To 12/31/2022	Part I Date/Time Pre	pared:	
					5/30/2023 7:1	3 pm	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL		
		ADMI NI STRATI ON	SERVICES &		RECORDS &		
			SUPPLY		LI BRARY		
	11.00	13.00	14.00	15.00	16.00		
194.00 07950 MOB	0	0		0 0	0	194.00	
194. 01 07951 LI FELI NE	0	0		0 0	0	194.01	
194. 02 07952 PATI ENT TRANSPORT	0	0		0 0	0	194. 02	
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194. 03	
194.04 07953 JV-SAGAMORE ASC	191	0		0 0	0	194.04	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers	0	0		0 0	0	201.00	
202.00 TOTAL (sum lines 118 through 201)	1, 237, 296	8, 110, 880	2, 147, 02	6, 167, 424	2, 707, 572	202.00	

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEALT	Provider CC	:N: 15-0109 F	Period: From 01/01/2022	<u>i of Form CMS-</u> Worksheet B Part I	2552-10
					o 12/31/2022	Date/Time Pre 5/30/2023 7:1	epared:
	Cost Center Description	SOCI AL SERVI CE	NURSI NG	PHARMACY	EMS EDUCATION	Subtotal	
		17.00	PROGRAM 20.00	RESI DENCY 23.00	23.01	24.00	
	GENERAL SERVICE COST CENTERS	17.00	20.00	23.00	23.01	24.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS						4.00
5.02	01140 MGMT INFO SYSTEMS						5.02
5.03	00550 PURCHASI NG						5.03
5.04	00570 ADMI TTI NG						5.04
5.05	00580 PATIENT ACCOUNTING						5.05
5.06 7.00	00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT						5.06
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.00
16.00	01600 MEDI CAL RECORDS & LI BRARY						16.00
17.00	01700 SOCIAL SERVICE	83, 980					17.00
20.00	02000 NURSI NG PROGRAM	0	5, 408, 692				20.00
23.00	02301 PHARMACY RESIDENCY	0		399, 203			23.00
23.01	02300 EMS EDUCATION	0			205, 693		23.01
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	59, 308	5, 408, 692	C	0	60, 561, 241	30.00
30.00	03100 I NTENSI VE CARE UNI T	8, 246	5, 408, 092			10, 934, 697	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4, 851	0	C	-	4, 956, 578	
41.00	04100 SUBPROVI DER – I RF	5, 239	0	C	0	4, 954, 653	
43.00	04300 NURSERY	6, 336	0	C	0	1, 328, 503	43.00
F0 00	ANCI LLARY SERVICE COST CENTERS		0			10 ( 00 511	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	0 0	C		18, 629, 511 1, 522, 272	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	C		5, 743, 060	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	C	0	12, 914, 415	
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0	C	0	1, 495, 627	55.00
56.00	05600 RADI OI SOTOPE	0	0	C	0	286, 391	
56.01	03950 CARDI AC CATH LAB	0	0	C	0	3, 848, 693	1
57.00 58.00	05700 CT SCAN 05800 MRI	0	0	C		1, 985, 249 725, 072	
60.00	06000 LABORATORY	0	0	C	o o	15, 365, 446	
65.00	06500 RESPI RATORY THERAPY	0	0	C	0	5, 190, 459	
66.00	06600 PHYSI CAL THERAPY	0	0	C	0	8, 928, 911	
67.00	06700 OCCUPATIONAL THERAPY	0	0	C	0	2, 637, 890	
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	0			1, 113, 473 4, 694, 710	
	07000 ELECTROCARDI OLOGI	0	0			1, 695, 362	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	C	0	21, 657, 719	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	C	0	15, 648, 937	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	399, 203	0	34, 221, 110	
73.01	07301 DI ABETES CENTER	0	0	C	0	679, 091	
74.00 76.00	07400 RENAL DI ALYSI S 03480 ONCOLOGY	0	0			1, 659, 575 6, 422, 759	
76.01	03952 ANTI COAGULATI ON	0	0	C		483, 966	
76.02	03951 I NFUSI ON SERVICES	0	0	C	0	896, 824	
	07698 HYPERBARI C OXYGEN THERAPY	0	0	C	0	0	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	C	0	0	77.00
00.00						1 2/0 /7/	00.00
90.00 91.00	09000 CLINIC 09100 EMERGENCY		0		205, 693	1, 269, 676 18, 196, 807	
91.00	04950 WOUND CARE	0	0	C	0	3, 162, 569	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					-, -,	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	C	0	3, 307, 088	92.01
	OTHER REIMBURSABLE COST CENTERS	-	-1				
	09500 AMBULANCE SERVICES	0	0	C	-	1, 791, 665	
	010100 HOME HEALTH AGENCY 010200 OPI 0I D TREATMENT PROGRAM	0	0	C		9, 073, 533	101.00
102.00	SPECIAL PURPOSE COST CENTERS	0	U U	L. L.	, U	0	102.00
113.00	11300 I NTEREST EXPENSE				I		113.00
	11600 HOSPI CE	0	0	C	0	8, 147, 790	
118.00		83, 980	5, 408, 692	399, 203	205, 693	296, 131, 322	118.00
100.00	NONREIMBURSABLE COST CENTERS		~	~		388, 715	100 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	0	C C		388, 715	
	07950 MOB	0	0	C	0		194.00
-		1	1		1		

Health Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS			Provider CO		Period:	Worksheet B	
					From 01/01/2022		
					To 12/31/2022		
						5/30/2023 7:1	<u>3 pm</u>
Cost Center De	scription	SOCI AL SERVI CE	NURSI NG	PHARMACY	EMS EDUCATION	Subtotal	
			PROGRAM	RESI DENCY			
		17.00	20.00	23.00	23.01	24.00	
194. 01 07951 LI FELI NE		0	0		0 0	0	194.01
194.0207952 PATIENT TRANSF	ORT	0	0		0 0	0	194.02
194.03 07954 OTHER NONREI ME	URSABLE COST CENTERS	0	0		0 0	2, 825, 203	194.03
194.0407953 JV-SAGAMORE AS	С	0	0		0 0	364, 783	194.04
200.00 Cross Foot Adj	ustments		0		0 0	0	200.00
201.00 Negative Cost	Centers	0	0		0 0	-89, 891	201.00
202.00 TOTAL (sum lir	es 118 through 201)	83, 980	5, 408, 692	399, 20	3 205, 693	329, 732, 634	202.00

			From 01/01/2022 To 12/31/2022	Part I Date/Time Prepare
Cost Conton Deparintian	Lators 9	Tatal		5/30/2023 7:13 pm
Cost Center Description	Intern & Residents Cost	Total		
	& Post			
	Stepdown			
	Adjustments 25.00	26.00		
GENERAL SERVICE COST CENTERS	25.00	20.00		
00 00100 CAP REL COSTS-BLDG & FIXT				1.
00 00200 CAP REL COSTS-MVBLE EQUIP				2.
00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.
01 01160 COMMUNI CATIONS 02 01140 MGMT I NFO SYSTEMS				5.
03 00550 PURCHASI NG				5.
04 00570 ADMI TTI NG				5.
00580 PATIENT ACCOUNTING				5.
06 00560 OTHER ADMINISTRATIVE AND GENERAL				5.
00 00700 OPERATION OF PLANT 00 00800 LAUNDRY & LINEN SERVICE				7.
0 00900 HOUSEKEEPING				9.
00 01000 DI ETARY				10.
00 01100 CAFETERI A				11.
00 01300 NURSI NG ADMI NI STRATI ON				13.
00 01400 CENTRAL SERVICES & SUPPLY				14.
00 01500 PHARMACY 00 01600 MEDICAL RECORDS & LIBRARY				15.
00 01700 SOCIAL SERVICE				17.
00 02000 NURSI NG PROGRAM				20.
00 02301 PHARMACY RESIDENCY				23.
01 02300 EMS EDUCATION				23.
INPATIENT ROUTINE SERVICE COST CENTERS		(0 5(1 041		
00 03000 ADULTS & PEDIATRICS 00 03100 INTENSIVE CARE UNIT	0	60, 561, 241 10, 934, 697		30.
00 02060 NEONATAL INTENSIVE CARE UNIT	0	4, 956, 578		35.
00 04100 SUBPROVIDER - IRF	0	4, 954, 653		41.
00 04300 NURSERY	0	1, 328, 503		43.
ANCI LLARY SERVI CE COST CENTERS	0	10 ( 00 E11		
00 05000 OPERATING ROOM 00 05100 RECOVERY ROOM	0	18, 629, 511 1, 522, 272		50. 51.
00 05200 DELIVERY ROOM & LABOR ROOM	0	5, 743, 060		52.
00 05400 RADI OLOGY-DI AGNOSTI C	0	12, 914, 415		54.
00 05500 RADI OLOGY - THERAPEUTI C	0	1, 495, 627		55.
00 05600 RADI 0I SOTOPE 01 03950 CARDI AC CATH LAB	0	286, 391 3, 848, 693		56. 56.
00 05700 CT SCAN	0	1, 985, 249		57.
00 05800 MRI	0	725, 072		58.
00 06000 LABORATORY	0	15, 365, 446		60.
00 06500 RESPI RATORY THERAPY	0	5, 190, 459		65.
00 06600 PHYSI CAL THERAPY	0	8, 928, 911		66.
00 06700 OCCUPATI ONAL THERAPY 00 06800 SPEECH PATHOLOGY	0	2, 637, 890 1, 113, 473		67. 68.
00 06900 ELECTROCARDI OLOGY	0	4, 694, 710		69.
00 07000 ELECTROENCEPHALOGRAPHY	0	1, 695, 362		70.
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21, 657, 719		71.
00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15, 648, 937		72.
00 07300 DRUGS CHARGED TO PATIENTS 01 07301 DI ABETES CENTER	0	34, 221, 110 679, 091		73.
00 07400 RENAL DIALYSIS	0	1, 659, 575		73.
00 03480 0NC0L0GY	0	6, 422, 759		76.
01 03952 ANTI COAGULATI ON	0	483, 966		76.
02 03951 I NFUSI ON SERVI CES	0	896, 824		76.
98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.
00 07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0		77.
00 09000 CLINIC	0	1, 269, 676		90
00 09100 EMERGENCY	0	18, 196, 807		91
01 04950 WOUND CARE	0	3, 162, 569		91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0 007 0		92
01 09201 OBSERVATION BEDS (DISTINCT PART)	0	3, 307, 088		92
OTHER REI MBURSABLE COST CENTERS	0	1, 791, 665		95
. 00 10100 HOME HEALTH AGENCY	0	9,073,533		101.
2. 00 10200 OPI OI D TREATMENT PROGRAM	0	9,073,333		101.
SPECIAL PURPOSE COST CENTERS				
				113.
3. 00 11300 I NTEREST EXPENSE 5. 00 11600 HOSPI CE	0	8, 147, 790		116

Health Financial Systems	FRANCI SCAN HEALTH	FRANCI SCAN HEALTH LAFAYETTE			In Lieu of Form CMS-2552-10		
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	CN: 15-0109	Peri od:	Worksheet B		
				From 01/01/2022 To 12/31/2022	Part    Date/Time Prepar	red·	
					5/30/2023 7:13 p		
Cost Center Description	Intern &	Total					
	Residents Cost						
	& Post						
	Stepdown						
	Adjustments						
	25.00	26.00					
NONREI MBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	388, 715				0.00	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	30, 112, 502			19	2.00	
194.0007950 MOB	0	0			19	4.00	
194. 01 07951 LI FELI NE	0	0			19	4.01	
194. 02 07952 PATI ENT TRANSPORT	0	0			19	4. 02	
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	2, 825, 203			19	4.03	
194.0407953JV-SAGAMORE ASC	0	364, 783			19	4.04	
200.00 Cross Foot Adjustments	0	0			20	0.00	
201.00 Negative Cost Centers	0	-89, 891			20	1.00	
202.00 TOTAL (sum lines 118 through 201)	0	329, 732, 634			20	2.00	

ALLUCA	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	<u>IH LAFAYEIIE</u> Provider CO	CN: 15-0109 Pe	eriod: com 01/01/2022	u of Form CMS-2 Worksheet B Part II	
				To	12/31/2022	Date/Time Pre 5/30/2023 7:13	pared: 3 pm
			CAPI TAL REL	ATED COSTS			
	Cost Center Description	Directly Assigned New Capital	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs 0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS		1.00	2.00	20	1.00	
	00100 CAP REL COSTS-BLDG & FLXT						1.00
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	0	65, 397	125, 148	190, 545	190, 545	2.00 4.00
	01160 COMMUNI CATI ONS	0	14, 153		41, 236	1, 078	
	01140 MGMT INFO SYSTEMS	0	245, 143	469, 119	714, 262	1, 227	
	00550 PURCHASI NG 00570 ADMI TTI NG	0	163, 077 0	312, 072 0	475, 149 0	18 0	
	00580 PATIENT ACCOUNTING	0	105, 770	202, 408	308, 178	0	
	00560 OTHER ADMINISTRATIVE AND GENERAL	0	1, 254, 536	2, 400, 746	3, 655, 282	38, 220	
	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	0	2, 066, 904 66, 537	3, 955, 331 127, 330	6, 022, 235 193, 867	3, 773 727	
	00900 HOUSEKEEPI NG	0	176, 340		513, 793	2, 879	
	01000 DI ETARY	0	277, 383	530, 815	808, 198	1, 765	
	01100 CAFETERIA 01300 NURSING ADMINISTRATION	0	132, 324 41, 916	253, 223 80, 213	385, 547 122, 129	1, 314 5, 415	
	01400 CENTRAL SERVICES & SUPPLY	0	77, 395	148, 108	225, 503	522	
	01500 PHARMACY	0	128, 320	245, 560	373, 880	3, 719	
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	54, 067 8, 383	103, 465 16, 043	157, 532 24, 426	35 0	
	02000 NURSI NG PROGRAM	0	6, 363 566, 528	1, 084, 137	1, 650, 665	2,976	
23.00	02301 PHARMACY RESIDENCY	0	0	0	0	321	23.00
	02300 EMS EDUCATION	0	0	0	0	173	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	0	1, 614, 764	3, 090, 098	4, 704, 862	25, 891	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	159, 462	305, 155	464, 617	6, 367	
	02060 NEONATAL INTENSIVE CARE UNIT	0	111, 707	213, 768	325, 475	3, 130	
	04100 SUBPROVIDER - IRF 04300 NURSERY	0	200, 530 0	383, 745 0	584, 275 0	2, 435 878	
ĺ	ANCILLARY SERVICE COST CENTERS	-					1
	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	473, 256		1, 378, 903	5, 679 849	
	05200 DELIVERY ROOM & LABOR ROOM	0	36, 452 0	69, 757 0	106, 209 0	3, 958	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	306, 189	585, 940	892, 129	6, 310	54.00
	05500 RADI OLOGY - THERAPEUTI C 05600 RADI OI SOTOPE	0	56, 778	108, 653	165, 431	550	
	03950 CARDI AC CATH LAB	0	3, 601 186, 127	6, 891 356, 182	10, 492 542, 309	176 1, 743	
	05700 CT SCAN	0	21, 229	40, 625	61, 854	1, 001	
		0	18, 782	35, 943	54, 725	472	
	06000 LABORATORY 06500 RESPI RATORY THERAPY	0	90, 297 39, 511	172, 797 75, 610	263, 094 115, 121	0 2, 888	60.00 65.00
	06600 PHYSI CAL THERAPY	0	11, 831	22, 641	34, 472	7, 019	
	06700 OCCUPATI ONAL THERAPY	0	0	0	0	2, 219	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	1, 362 152, 247	2, 607 291, 347	3, 969 443, 594	893 2, 300	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	73, 906		215, 336	894	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
	07301 DI ABETES CENTER	0	0	0	Ő	540	
	07400 RENAL DI ALYSI S	0	25, 595		74, 574	114	
	03480 ONCOLOGY 03952 ANTI COAGULATI ON	0	27, 583 0	52, 784 0	80, 367 0	4, 894 418	
	03951 I NFUSI ON SERVICES	0	0	0	0	854	
	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	О	0	76.98
	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	77.00
	09000 CLINIC	0	0	0	0	662	90.00
91.00	09100 EMERGENCY	0	580, 430		1, 691, 172	8, 269	91.00
	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	238, 720	456, 828	695, 548	1, 173	91.01 92.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0	112, 221	214, 752	0 326, 973	1, 625	•
	OTHER REIMBURSABLE COST CENTERS	· · ·					1
	09500 AMBULANCE SERVI CES	0	150, 203 274, 283		437, 639	0	
95.00				524, 882	799, 165	5, 489	101.00
95. 00 101. 00	10100 HOME HEALTH AGENCY 10200 OPLOID TREATMENT PROGRAM	0	274, 203	0	0		102 00
95. 00 101. 00 102. 00	10200 OPI OLD TREATMENT PROGRAM SPECLAL PURPOSE COST CENTERS	0					102.00
95.00 101.00 102.00 113.00	10200 OPI OI D TREATMENT PROGRAM	0				0	102.00 113.00 116.00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period:	Worksheet B	
				From 01/01/2022 To 12/31/2022		
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Di rectl y	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs	1.00				
	0	1.00	2.00	2A	4.00	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43, 431	83, 21	9 126, 650	76	190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	108, 189	207, 03	7 315, 226	22, 101	192.00
194.0007950 MOB	0	0		0 0	0	194.00
194. 01 07951 LI FELI NE	0	0		0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0		0 0	0	194.02
194.0307954 OTHER NONREI MBURSABLE COST CENTERS	0	422, 567		0 422, 567	302	194. 03
194. 04 07953 JV-SAGAMORE ASC	0	75, 671		0 75, 671	45	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0		0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	11, 061, 097	20, 213, 74	9 31, 274, 846	-	

	n Financial Systems ATION OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	TH LAFAYETTE Provider CC	CN: 15-0109 P	<u>In Lie</u> eriod: rom 01/01/2022	u of Form CMS- Worksheet B Part II	2552-10
				Т	o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
	Cost Center Description	COMMUNI CATI ONS	MGMT INFO SYSTEMS	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	
	GENERAL SERVICE COST CENTERS	5.01	5.02	5.03	5.04	5.05	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS	42, 314					4.00 5.01
5.01	01140 MGMT INFO SYSTEMS	1, 380	716, 869				5.02
5.03	00550 PURCHASI NG	840	0	476, 007			5.03
5.04 5.05	00570 ADMITTING 00580 PATIENT ACCOUNTING	0 840	0	0	-	309, 018	5.04 5.05
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	4, 381	28, 746	0	-	309,018	
7.00	00700 OPERATION OF PLANT	3, 301	29, 267	0	0	0	•
8.00	00800 LAUNDRY & LINEN SERVICE	60	5, 413	0		0	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	540 1, 801	29, 831 23, 304	0		0	9.00 10.00
11.00	01100 CAFETERI A	0	0	0		0	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	540	20, 098	0		0	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	240 1, 380	4, 098 16, 295	0		0	14.00 15.00
16.00		1,020	715	0	-	0	16.00
17.00		540	0	0	0	0	17.00
20.00 23.00	02000 NURSI NG PROGRAM 02301 PHARMACY RESI DENCY	0	9, 540 985	0	0	0	20.00 23.00
23.00	02300 EMS EDUCATION	0	387	0		0	•
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 31.00		6,906	167, 091	0	-	26, 994	
31.00		1, 320 1, 020	37, 030 16, 238	0		4, 449 3, 798	•
41.00		1,440	12, 388	0		1, 200	•
43.00		0	0	0	0	955	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	1,440	23, 546	0	0	61, 074	50.00
51.00		480	4, 349	0		3, 405	•
52.00		1, 561	0	0		3, 898	•
54.00 55.00		3, 601	27, 655 2, 732	0	-	21, 293 2, 819	•
56.00	05600 RADI OLOGI - MERALEUTTO	0	497	0		2, 819	•
56.01	03950 CARDI AC CATH LAB	0	7, 281	0		15, 561	1
57.00 58.00		0	5, 175 2, 457	0	-	12, 378 2, 099	
60.00	06000 LABORATORY	2,641	2,437	0		2, 099 26, 141	
65.00		2,041	14, 048	0	0	5, 892	
66.00	06600 PHYSI CAL THERAPY	360	24, 431	0		5, 941	•
67.00 68.00		0	7, 590 3, 027	0	0	2, 965 1, 054	
69.00		360	9, 707	0	0	7, 815	
70.00		0	5, 064	0	0	1, 018	•
71.00 72.00		0	0	0	0	17, 519 8, 471	•
73.00		0	0	0	0	15, 505	•
73.01	07301 DI ABETES CENTER	360	2, 253	0	0	1	73.01
74.00 76.00		0	484 21, 545	0	0	633 4, 975	•
76.01		0	1, 143	0	0	203	1
76. 02	03951 I NFUSI ON SERVI CES	0	3, 570	0	0	790	76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0	0	0	0	0	76. 98 77. 00
77.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	0	0	0	//.00
90.00	09000 CLI NI C	0	3, 745	0	0	153	•
91.00		1, 921	44, 425	0	0	26, 842	
91.01 92.00		0	3, 268	0	0	156	91.01 92.00
92.01		0	10, 968	0	0	1, 712	
	OTHER REIMBURSABLE COST CENTERS	-		_			
	09500 AMBULANCE SERVICES 010100 HOME HEALTH AGENCY	0	29, 121 25, 480	0		0 1 777	95.00 101.00
	0 10200 OPI OI D TREATMENT PROGRAM	0	23, 400	0			102.00
	SPECIAL PURPOSE COST CENTERS						1
	0 11300  NTEREST_EXPENSE 0 11600 HOSPI CE	0	17, 597	0	0	16 757	113.00 116.00
118.0		42, 314	702, 584	0		309, 018	
	NONREI MBURSABLE COST CENTERS			-	-		
	0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 19200 PHYSICIANS' PRIVATE OFFICES	0	368	0	-		190.00
	007950 MOB	0	13, 824 0	0	-		192.00 194.00
	·1· · · · · · · · · · · · · · · · · · ·	0	9	0	י יע ע	0	

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2022	Worksheet B Part II	
				To 12/31/2022		
Cost Center Description	COMMUNI CATI ONS	MGMT INFO	PURCHASI NG	ADMI TTI NG	PATI ENT	
		SYSTEMS			ACCOUNTI NG	
	5.01	5.02	5.03	5.04	5.05	
194. 01 07951 LI FELI NE	0	0		0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0		0 0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.03
194.04 07953 JV-SAGAMORE ASC	0	93		0 0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	476, 00	7 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	42, 314	716, 869	476, 00	7 0	309, 018	202.00

GENERAL           1.00         00100         CA           2.00         00200         CA           4.00         00400         EM           5.01         01160         CC           5.02         01140         MG           5.03         00550         PL           5.04         00570         AC           5.05         00580         PA           5.06         00500         GT           0.00         00700         GE           0.00         00900         HC           0.00         01000         DI           11.00         01100         CA           13.00         01300         NU           14.00         01400         CE           15.00         01500         PH           16.00         01600         ME           7.00         02301         PH           23.01         02300         EM           10.00         03100         NU           30.00         05400         RA           51.00         05100         RE           51.00         05100         RE           52.00         05200																																																																																																																																																																																																																																															
GENERAL           1.00         00100         CA           2.00         00200         CA           4.00         00400         EM           5.01         01160         CC           5.02         01140         MG           5.03         00550         PL           5.04         00570         AC           5.05         00580         PA           5.06         00500         GT           0.00         00700         GE           0.00         00900         HG           0.00         01000         DI           11.00         01100         CA           13.00         01300         NL           14.00         01400         CE           15.00         01500         PH           16.00         01600         ME           7.00         02301         PH           30.00         02300         CM           11.00         01400         SL           30.00         05400         RA           51.00         05100         RE           51.00         05100         RE           51.00         05500					b 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 pm																																																																																																																																																																																																																																								
1.00         00100         CA           2.00         00200         CA           4.00         00400         EM           5.01         01160         CO           5.02         01140         MC           5.03         00550         PU           5.04         00570         AC           5.05         00580         PA           5.06         00560         OT           7.00         00700         G           8.00         00800         LA           9.00         09000         HC           11.00         01100         DI           11.00         01100         CA           13.00         01300         NU           14.00         01400         CE           15.00         01500         PE           16.00         01400         CE           17.00         01700         SC           20.00         02300         AL           30.00         03000         AL           30.00         03000         MC           31.00         03000         AL           30.00         023000         MC	Cost Center Description	OTHER ADMI NI STRATI VE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY																																																																																																																																																																																																																																									
1.00         00100         CA           2.00         00200         CA           4.00         00400         EM           5.01         01160         CC           5.02         01140         MC           5.03         00550         PL           5.04         00570         AC           5.05         00800         LA           9.00         00900         HC           9.00         00900         HC           11.00         01100         DI           11.00         01100         DI           11.00         01100         CA           13.00         01300         NU           14.00         01400         CE           15.00         01500         PI           16.00         01400         CE           17.00         01700         SC           20.00         02000         NU           30.00         03000         AE           11.00         01100         CH           21.00         05100         RE           20.00         05500         RA           50.00         05500         RA		5.06	7.00	8.00	9.00	10.00																																																																																																																																																																																																																																									
2.00         00200         CA           4.00         00400         EM           5.01         01160         CO           5.02         01140         MG           5.03         00550         PL           5.04         00570         AC           5.05         00500         PL           5.06         00500         PL           5.07         00700         PL           7.00         00700         PL           9.00         00900         HC           0.00         01400         CH           1.00         01100         AL           1.00         01400         CH           2.00         02300         PL           3.01         02300         CH           3.00         02300         NL           3.00         02400         NL           3.00         05400         RA           5.00         05500         RA           5.00 <td>AL SERVICE COST CENTERS CAP REL COSTS-BLDG &amp; FIXT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.00</td>	AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1.00																																																																																																																																																																																																																																								
5.04         00570         AL           5.05         00580         PA           5.05         00580         PA           5.06         00560         OT           7.00         00700         OF           8.00         00800         LA           9.00         00900         HC           10.00         01100         DI           11.00         01100         CA           13.00         01300         NU           14.00         01400         CE           15.00         01500         PI           16.00         03000         AL           3.00         02301         PI           3.00         03000         AL           3.00         03000         AL           3.00         03000         AL           3.00         04100         SL           3.00         04100         SL           41.00         04100         SL           50.00         05500         RA           50.00         05500         RA           50.00         05600         RA           50.00         05500         RA	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT COMMUNICATIONS MGMT INFO SYSTEMS						2. 00 4. 00 5. 01 5. 02 5. 03																																																																																																																																																																																																																																								
9.00         00900         HC           10.00         01000         DI           11.00         01100         CA           13.00         01300         NU           14.00         01400         CB           15.00         01500         PH           16.00         02000         NU           20.00         02000         NU           23.01         02300         EN           30.00         03000         AC           31.00         03000         AC           31.00         03000         AC           31.00         04100         SU           3.00         05000         OF           5.00         05000         DE           5.00         05500         RA           5.00         05600         RA           5.00         05600         RA           6.00         06600         P	ADMITTING PATIENT ACCOUNTING OTHER ADMINISTRATIVE AND GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE	3, 726, 629 232, 150 21, 266	6, 290, 726 58, 573				5. 03 5. 04 5. 05 5. 06 7. 00 8. 00																																																																																																																																																																																																																																								
13.00         01300         NL           14.00         01400         CE           15.00         01500         PF           16.00         01400         CE           17.00         01700         SC           0.00         02000         NL           23.00         02300         EM           17.00         03000         AC           30.00         03000         AC           31.00         03100         I.           35.00         02300         PL           41.00         04100         SL           43.00         04300         NL           50.00         05000         PE           51.00         05100         RE           52.00         05200         DE           54.00         05400         RA           55.00         05500         RA           50.00         05600         RE           50.00         05600         RE           66.00         06600         PE           67.00         07000         EL           70.00         07000         EL           71.00         07100         ME      <	HOUSEKEEPI NG DI ETARY	58, 497 50, 564 8, 343	155, 232 244, 180 116, 485	6, 473 7, 861	767, 245 33, 227 15, 851	1, 170, 900 0	9.00																																																																																																																																																																																																																																								
15.00         01500         PH           16.00         01600         ME           17.00         01700         SC           20.00         02000         NU           23.01         02300         PH           30.00         03000         AC           31.00         03100         I           35.00         04300         NU           31.00         04300         NU           31.00         05100         PF           32.01         05500         RE           50.00         05200         PF           51.00         05100         RE           52.00         05200         RE           52.00         05500         RE           50.00         05500         RE           50.00         05500         RE           50.00         05500         RE           50.00         05600         RE           60.00         06600         PH           61.00         06700         CL           70.00         07000         EL           71.00         07100         RE           72.00         07200         IN      <	NURSI NG ADMI NI STRATI ON	89, 390	36, 899		5, 021	0	13.00																																																																																																																																																																																																																																								
16. 00         01600         ME           17. 00         01700         SC           20. 00         02000         NL           23. 01         02300         FM           23. 01         02300         AL           30. 00         03000         AL           31. 00         03000         AL           31. 00         04100         SL           41. 00         04100         SL           43. 00         05000         PE           50. 00         05000         RE           51. 00         05100         RE           52. 00         05200         RE           54. 00         05400         RA           56. 00         05600         RE           66. 01         03950         CA           67. 00         05700         CT           78. 00         05600         RE           66. 00         06600         LA           67. 00         05700         CT           68. 00         06600         FE           69. 00         07000         EL           70. 00         07000         EL           71. 00         07100 <t< td=""><td>CENTRAL SERVICES &amp; SUPPLY</td><td>20, 273</td><td>68, 131</td><td>7, 094</td><td>9, 271</td><td>0</td><td>14.00</td></t<>	CENTRAL SERVICES & SUPPLY	20, 273	68, 131	7, 094	9, 271	0	14.00																																																																																																																																																																																																																																								
17.00         01700         SC           20.00         02000         NL           23.00         02300         EN           23.00         02300         EN           30.00         03000         AC           31.00         03100         IN           35.00         02060         NE           41.00         04100         SL           43.00         05100         RE           50.00         05500         RE           51.00         05500         RA           55.00         05500         RA           56.01         03500         AC           57.00         05700         CT           58.00         05600         RA           56.01         03500         AC           66.01         03600         RA           65.00         05600         RA           65.00         06600         PE           67.00         05700         CT           68.00         06600         PE           69.00         06900         EL           70.00         07000         RE           71.00         07100         ME	MEDICAL RECORDS & LIBRARY	63, 598 28, 273	112, 960 47, 595	0	15, 371 6, 477	0	15.00 16.00																																																																																																																																																																																																																																								
23. 00         02301         PH           23. 01         02300         EM           102300         EM         INPATI         EM           30. 00         03000         AC         SI           31. 00         03000         AC         SI           35. 00         02060         NE           41. 00         04100         SL           43. 00         05000         PF           50. 00         05000         PF           51. 00         05000         RA           52. 00         05200         DE           54. 00         05600         RA           55. 00         05500         RA           56. 00         05600         RA           57. 00         05700         CT           58. 00         06600         PF           61. 00         06600         PE           63. 00         06600         PE           64. 00         07000         EL           70. 00         07000         EL           70. 00         07000         EL           70. 00         07000         EL           71. 00         07100         ME      <	SOCIAL SERVICE	592	7, 380	0	1, 004	0	17.00																																																																																																																																																																																																																																								
23. 01         02300         EM           30. 00         03000         AC           31. 00         03100         IN           35. 00         02660         NE           41. 00         04100         SL           43. 00         05000         OF           50. 00         05000         OF           51. 00         05000         OF           52. 00         05200         DF           54. 00         05400         RA           55. 00         05700         CT           58. 00         05600         RF           60. 00         06600         LA           65. 00         06500         RF           66. 00         06600         LA           65. 00         06700         CL           68. 00         06800         SF           69. 00         06700         LL           70. 00         07100         ME           71. 00         07100         IL           73. 01         07301         IL           74. 00         07400         RE           76. 01         03952         AN           76. 02         03951 <t< td=""><td>NURSI NG PROGRAM PHARMACY RESI DENCY</td><td>36, 745 4, 488</td><td>498, 714 0</td><td>0</td><td>67, 863 0</td><td>0</td><td>20.00 23.00</td></t<>	NURSI NG PROGRAM PHARMACY RESI DENCY	36, 745 4, 488	498, 714 0	0	67, 863 0	0	20.00 23.00																																																																																																																																																																																																																																								
30. 00         03000 AC           31. 00         03100 I M           35. 00         02060 NE           41. 00         04100 SL           43. 00         04300 NL           AMCILLAN         ANCILLAN           50. 00         05000 OF           51. 00         05100 RE           52. 00         05200 DE           54. 00         05400 RA           56. 01         03950 CA           56. 01         03950 CA           56. 01         05500 RA           56. 01         05500 RA           56. 01         05500 RA           60. 00         06600 RE           64. 00         06600 RE           65. 01         06700 CT           58. 00         05700 CT           59. 00         07000 EL           71. 00         07100 ME           72. 00         07200 I M           73. 01         07301 DI           74. 00         07400 RE           76. 01         03952 AN           76. 02         03951 I M           76. 03         03480 M           76. 01         03952 AN           76. 02         03951 I M           76. 98 MY	EMS EDUCATION	2, 303	0	0	0	0	23.00																																																																																																																																																																																																																																								
31.00         03100         I.M.           35.00         02060         NE           41.00         04100         SU           43.00         04300         NU           ANCILLAF         50.00         05100         RE           51.00         05100         RE         51.00         05500         RA           55.00         05500         RA         55.00         05600         RA           56.01         03950         CA         57.00         05700         CT           58.00         05600         RA         66.01         06600         LA           65.00         06600         RA         65.00         06600         LA           65.00         06600         RA         65.00         06600         RA           61.00         06600         RA         65.00         06600         RA           62.00         06600         RA         65.00         06600         RA           63.00         07000         GT         07000         GT         010           70.00         07000         RA         07300         DT         01           71.00         07100         MA <td< td=""><td>ENT ROUTI NE SERVI CE COST CENTERS</td><td>452, 101</td><td>1 401 47/</td><td>00.010</td><td>102 427</td><td>050.00/</td><td></td></td<>	ENT ROUTI NE SERVI CE COST CENTERS	452, 101	1 401 47/	00.010	102 427	050.00/																																																																																																																																																																																																																																									
35.00         02060         NE           41.00         04100         SL           43.00         04300         NL           ANCI LLAR         05000         PF           51.00         05100         RE           52.00         05200         DE           54.00         05400         RA           55.00         05500         RA           56.01         03950         CA           57.00         05700         CT           58.00         06600         PA           60.00         06600         PA           61.00         06600         PA           62.00         06600         PA           63.00         06600         PA           64.00         06700         CA           65.00         06900         EL           70.00         07100         ME           71.00         07100         ME           72.00         07200         IN           73.01         03951         IN           74.00         07400         RE           76.01         03952         AN           76.02         03951         IN	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	452, 181 98, 943	1, 421, 476 140, 374		193, 427 19, 102	959, 006 136, 556																																																																																																																																																																																																																																									
43.00         04300         NU           ANCI LLAR         ANCI LLAR           50.00         05000         OF           51.00         05100         RE           52.00         05200         DE           54.00         05500         RA           55.00         05500         RA           55.00         05500         RA           56.00         05600         RA           56.00         05700         CT           58.00         06500         RE           66.00         06600         PH           67.00         06700         CL           68.00         06600         PH           67.00         07000         CL           70.00         07100         ME           70.00         07100         ME           70.00         07301         DI           74.00         03450         MN           75.01         037301         DI           74.00         034951         IN           76.02         033951         N           76.02         037000         CL           70.00         077000         L	NEONATAL INTENSIVE CARE UNIT	46, 551	98, 335	6, 274	13, 381	0	35.00																																																																																																																																																																																																																																								
ANCI LLAF           50.00         05000         0F           51.00         05100         RE           52.00         05200         DE           54.00         05400         RA           55.00         05500         RA           56.00         05500         RA           56.00         05500         RA           56.00         05500         RA           56.00         05600         RA           60.00         06500         RE           60.00         06600         PH           67.00         06700         CL           70.00         06800         SF           69.00         06900         EL           71.00         07100         BE           71.00         07300         DI           73.00         07300         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I           77.00         07700         AL           90.00         09000         CL           91.01         04950         W           92.01         0	SUBPROVIDER - IRF	39, 946 13, 982	176, 526 0		24, 021 0	75, 338 0	41.00 43.00																																																																																																																																																																																																																																								
51.00         05100         RE           52.00         05200         DE           54.00         05400         RA           55.00         05500         RA           56.01         03950         CA           57.00         05700         CT           58.00         06500         RA           50.01         03950         CA           57.00         05700         CT           58.00         06600         PA           60.00         06600         PA           67.00         06700         CT           68.00         06600         EL           71.00         07100         ME           72.00         07200         IM           73.01         07300         DF           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         IN           76.03         07400         RE           90.00         09000         CL           91.01         04950         WE           91.01         04950         WE	ARY SERVICE COST CENTERS	13, 902	0	10, 311	V	0	43.00																																																																																																																																																																																																																																								
52.00         05200         DE           54.00         05400         RA           55.00         05500         RA           56.01         05500         RA           56.01         03950         CA           57.00         05700         CT           58.00         06600         LA           60.00         06600         PA           65.00         06600         PA           65.00         06600         PA           67.00         06700         CA           68.00         06600         PA           69.00         06900         EL           70.00         07100         ME           71.00         07100         ME           72.00         07200         IN           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         IN           76.03         07700         AL           70.00         07000         CL           90.00         09000         CL           91.01         04950         WE	OPERATING ROOM	160, 696	416, 607		56, 690	0	50.00																																																																																																																																																																																																																																								
54.00         05400         RA           55.00         05500         RA           56.00         05600         RA           56.01         03950         CA           57.00         05700         CT           58.00         06800         RA           60.00         06600         LA           65.00         06600         PA           65.00         06600         PA           65.00         06600         PA           67.00         06700         CA           68.00         06400         PL           70.00         07100         ME           71.00         07100         ME           72.00         07200         IM           73.01         07301         DI           74.00         03452         AN           76.02         03951         IN           76.03         07700         LA           00700         CL         PA           70.00         07700         L           90.00         09000         CL           91.01         04950         WC           92.01         09201         DE <tr <="" td=""><td>RECOVERY ROOM DELIVERY ROOM &amp; LABOR ROOM</td><td>13, 560 63, 582</td><td>32, 089 0</td><td>9, 027 11, 025</td><td>4, 367 0</td><td>0</td><td>51.00 52.00</td></tr> <tr><td>56.00         05600         RA           56.01         03950         CA           57.00         05700         CT           58.00         05800         MR           60.00         06000         LA           65.00         05500         RE           60.00         06000         LA           65.00         06000         LA           67.00         06700         00           68.00         06900         EL           70.00         07000         EL           71.00         07100         ME           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03740         RE           70.00         07000         CL           71.00         07100         RE           76.02         03752         AN           76.02         03752         AN           70.00         07000         CL           90.00         09000         CL           91.01         04950         WC</td><td>RADI OLOGY-DI AGNOSTI C</td><td>127, 190</td><td>269, 538</td><td></td><td>36, 678</td><td>0</td><td>54.00</td></tr> <tr><td>56. 01         03950         CA           57. 00         05700         CT           58. 00         05800         MR           60. 00         06000         LA           65. 00         06500         RE           66. 00         06600         PH           67. 00         06700         CT           68. 00         06800         SF           69. 00         06700         EL           70. 00         07000         EL           71. 00         07100         ME           73. 01         07300         DR           73. 01         07301         DI           74. 00         07400         RE           76. 01         03952         AN           76. 02         03951         I.N           76. 03         07508         HY           70. 00         07000         CL           90. 00         09000         CL           91. 01         04950         WC           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         &lt;</td><td>RADI OLOGY - THERAPEUTI C</td><td>14, 132</td><td>49, 982</td><td>0</td><td>6, 801</td><td>0</td><td>55.00 56.00</td></tr> <tr><td>57.00         05700         CT           58.00         05800         MR           60.00         06500         RE           65.00         06500         RE           66.00         06600         PE           67.00         06700         OC           68.00         06800         SE           69.00         07000         EL           70.00         07000         EL           71.00         07100         ME           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.02         03951         I.N           76.03         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OE           92.01         09201         AN</td><td>CARDI AC CATH LAB</td><td>2, 697 29, 445</td><td>3, 170 163, 848</td><td></td><td>431 22, 296</td><td>0</td><td>56.00</td></tr> <tr><td>60.00         06000         LA           65.00         06500         RE           66.00         06600         PF           67.00         06700         00           68.00         06400         SF           69.00         07000         EL           70.00         07100         ME           71.00         07100         IN           73.01         07301         DI           74.00         03420         AN           76.01         03952         AN           76.02         03701         I           77.00         07000         CL           90.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         AN           95.00         09500         AN</td><td>CT SCAN</td><td>20, 054</td><td>18, 688</td><td>0</td><td>2, 543</td><td>0</td><td>57.00</td></tr> <tr><td>65.00         06500         RE           66.00         06600         PH           67.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         I           73.01         07301         DI           74.00         03480         M           76.02         03751         I           76.02         03751         I           77.00         07700         AL           00.00         09000         CL           90.00         09000         CL           91.01         04950         W           92.01         09201         O           92.01         09201         M           92.01         09201         AL</td><td></td><td>7,098</td><td>16, 534 79, 488</td><td></td><td>2, 250</td><td>0</td><td>58.00 60.00</td></tr> <tr><td>66.00         06600         PH           67.00         06700         00           68.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07000         EL           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           70.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09200         GE           92.01         09200         GE           92.01         09201         OE           92.01         09500         AN           95.00         09500         AN</td><td>RESPIRATORY THERAPY</td><td>166, 331 52, 430</td><td>34, 781</td><td>1, 785 2, 090</td><td>10, 816 4, 733</td><td>0</td><td>65.00</td></tr> <tr><td>68.00         06800         SF           69.00         06900         EL           70.00         07000         BL           71.00         07100         ME           72.00         07200         I.W           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           007401         E         O           90.00         09000         CL           91.01         04950         WC           92.00         09200         CE           92.01         09201         OE           92.01         09201         AV           95.00         09500         AW</td><td>PHYSI CAL THERAPY</td><td>93, 767</td><td>10, 415</td><td></td><td>1, 417</td><td>0</td><td>66.00</td></tr> <tr><td>69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.00         07300         DR           73.01         07300         RE           76.02         03420         M           76.02         03951         IM           76.02         03700         BL           77.00         07400         RE           90.00         07400         RE           90.00         03952         AN           76.92         03761         I           70.02         03700         AL           90.00         07408         HY           70.00         07400         CL           90.00         09000         CL           91.01         04900         CL           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AM</td><td>OCCUPATIONAL THERAPY SPEECH PATHOLOGY</td><td>27, 799</td><td>0 1, 199</td><td>0</td><td>0</td><td>0</td><td>67.00 68.00</td></tr> <tr><td>70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.01         07300         DR           73.01         07400         RE           76.00         03480         M           76.01         03952         AN           76.02         03951         I           77.00         07700         AL           07700         AL         07700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09202         AN           95.00         09500         AM</td><td>ELECTROCARDI OLOGY</td><td>11, 736 43, 450</td><td>134, 023</td><td></td><td>163 18, 237</td><td>0</td><td>69.00</td></tr> <tr><td>72.00         07200         I.M.           73.00         07300         DR           73.01         07300         DR           73.01         07300         DR           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I.M.           70.00         07000         AL           90.00         07000         CL           91.01         04900         CE           92.00         09200         OE           92.01         09200         OE           95.00         09500         AN</td><td>ELECTROENCEPHALOGRAPHY</td><td>14, 708</td><td>65, 059</td><td>0</td><td>8, 853</td><td>0</td><td>70.00</td></tr> <tr><td>73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I N           76.02         03701         L           77.00         0700         AL           90.00         07000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AN</td><td>MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS</td><td>242, 975 175, 977</td><td>0</td><td>0</td><td>0</td><td>0</td><td>71.00</td></tr> <tr><td>74.00         07400         RE           76.00         03480         0N           76.01         03952         AN           76.02         03951         IN           76.98         07698         HY           77.00         AU         0UTPATIE           90.00         09000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AM</td><td>DRUGS CHARGED TO PATIENTS</td><td>310, 930</td><td>0</td><td>0</td><td>0</td><td>0</td><td>73.00</td></tr> <tr><td>76.00         03480         0N           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           77.00         07700         AL           007000         CL         01700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AN</td><td>DI ABETES CENTER</td><td>7, 166</td><td>0</td><td>0</td><td>0</td><td>0</td><td>73.01</td></tr> <tr><td>76.01         03952         AM           76.02         03951         I M           76.98         07698         HY           77.00         07700         AL           0UTPATI         E           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         E           92.01         09200         B           95.00         09500         AM</td><td>RENAL DI ALYSI S ONCOL OGY</td><td>17, 477 69, 455</td><td>22, 531 24, 281</td><td>0</td><td>3, 066 3, 304</td><td>0</td><td>74.00 76.00</td></tr> <tr><td>76.98         07698         HY           77.00         07700         AL           0UTPATI         0           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         OE           92.01         09201         OE           95.00         09500         AM</td><td>ANTI COAGULATI ON</td><td>5, 400</td><td>0</td><td>0</td><td>0,001</td><td>0</td><td>76.01</td></tr> <tr><td>77.00         07700 AL           OUTPATI E           90.00         09000 CL           91.00         09100 EM           92.00         04950 WC           92.01         09200 DE           09201 DE         071HER RE           95.00         09500 AM</td><td>INFUSION SERVICES</td><td>9, 847</td><td>0</td><td>0</td><td>0</td><td>0</td><td>76.02</td></tr> <tr><td>OUTPATI E           90.00         09000 CL           91.00         09100 EN           92.00         09200 OE           92.01         09200 OE           09201 OE         09201 OE           0THER RE         95.00</td><td>HYPERBARIC OXYGEN THERAPY ALLOGENEIC STEM CELL ACQUISITION</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>76.98 77.00</td></tr> <tr><td>91.00 09100 EM 91.01 04950 WC 92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM</td><td>IENT SERVICE COST CENTERS</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>91.01 04950 WC 92.00 09200 0B 92.01 09201 0B 07HER RE 95.00 09500 AM</td><td></td><td>14, 189</td><td>0 510 052</td><td></td><td>0 60 529</td><td>0</td><td>90.00</td></tr> <tr><td>92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM</td><td>WOUND CARE</td><td>163, 261 24, 813</td><td>510, 953 210, 145</td><td></td><td>69, 528 28, 596</td><td>0 0</td><td>91.00 91.01</td></tr> <tr><td>95.00 09500 AM</td><td>OBSERVATION BEDS (NON-DISTINCT PART</td><td></td><td></td><td></td><td></td><td></td><td>92.00</td></tr> <tr><td>95.00 09500 AM</td><td>OBSERVATION BEDS (DISTINCT PART) REIMBURSABLE COST CENTERS</td><td>32, 105</td><td>98, 788</td><td>0</td><td>13, 443</td><td>0</td><td>92.01</td></tr> <tr><td>101.00 10100 HC</td><td>AMBULANCE SERVICES</td><td>7, 301</td><td>132, 224</td><td>0</td><td>17, 992</td><td>0</td><td>95.00</td></tr> <tr><td>102 00 10000 00</td><td>HOME HEALTH AGENCY</td><td>84, 899</td><td>241, 451</td><td>0</td><td>32, 856</td><td>0</td><td>101.00</td></tr> <tr><td></td><td>OPIOID TREATMENT PROGRAM</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>102.00</td></tr> <tr><td>113.00 11300 I N</td><td>INTEREST EXPENSE</td><td></td><td></td><td></td><td></td><td></td><td>113.00</td></tr> <tr><td>116.0011600 HC</td><td>HOSPI CE</td><td>86, 384</td><td>0</td><td>0</td><td>0 749, 076</td><td>0 1, 170, 900</td><td>116.00</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1118.00</td></tr> <tr><td>190. 00 19000 GI 192. 00 19200 PH</td><td>SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS</td><td>3, 368, 939</td><td>5, 718, 654</td><td>279, 906</td><td>749,070</td><td>1, 170, 900</td><td></td></tr>	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	13, 560 63, 582	32, 089 0	9, 027 11, 025	4, 367 0	0	51.00 52.00	56.00         05600         RA           56.01         03950         CA           57.00         05700         CT           58.00         05800         MR           60.00         06000         LA           65.00         05500         RE           60.00         06000         LA           65.00         06000         LA           67.00         06700         00           68.00         06900         EL           70.00         07000         EL           71.00         07100         ME           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03740         RE           70.00         07000         CL           71.00         07100         RE           76.02         03752         AN           76.02         03752         AN           70.00         07000         CL           90.00         09000         CL           91.01         04950         WC	RADI OLOGY-DI AGNOSTI C	127, 190	269, 538		36, 678	0	54.00	56. 01         03950         CA           57. 00         05700         CT           58. 00         05800         MR           60. 00         06000         LA           65. 00         06500         RE           66. 00         06600         PH           67. 00         06700         CT           68. 00         06800         SF           69. 00         06700         EL           70. 00         07000         EL           71. 00         07100         ME           73. 01         07300         DR           73. 01         07301         DI           74. 00         07400         RE           76. 01         03952         AN           76. 02         03951         I.N           76. 03         07508         HY           70. 00         07000         CL           90. 00         09000         CL           91. 01         04950         WC           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         <	RADI OLOGY - THERAPEUTI C	14, 132	49, 982	0	6, 801	0	55.00 56.00	57.00         05700         CT           58.00         05800         MR           60.00         06500         RE           65.00         06500         RE           66.00         06600         PE           67.00         06700         OC           68.00         06800         SE           69.00         07000         EL           70.00         07000         EL           71.00         07100         ME           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.02         03951         I.N           76.03         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OE           92.01         09201         AN	CARDI AC CATH LAB	2, 697 29, 445	3, 170 163, 848		431 22, 296	0	56.00	60.00         06000         LA           65.00         06500         RE           66.00         06600         PF           67.00         06700         00           68.00         06400         SF           69.00         07000         EL           70.00         07100         ME           71.00         07100         IN           73.01         07301         DI           74.00         03420         AN           76.01         03952         AN           76.02         03701         I           77.00         07000         CL           90.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         AN           95.00         09500         AN	CT SCAN	20, 054	18, 688	0	2, 543	0	57.00	65.00         06500         RE           66.00         06600         PH           67.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         I           73.01         07301         DI           74.00         03480         M           76.02         03751         I           76.02         03751         I           77.00         07700         AL           00.00         09000         CL           90.00         09000         CL           91.01         04950         W           92.01         09201         O           92.01         09201         M           92.01         09201         AL		7,098	16, 534 79, 488		2, 250	0	58.00 60.00	66.00         06600         PH           67.00         06700         00           68.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07000         EL           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           70.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09200         GE           92.01         09200         GE           92.01         09201         OE           92.01         09500         AN           95.00         09500         AN	RESPIRATORY THERAPY	166, 331 52, 430	34, 781	1, 785 2, 090	10, 816 4, 733	0	65.00	68.00         06800         SF           69.00         06900         EL           70.00         07000         BL           71.00         07100         ME           72.00         07200         I.W           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           007401         E         O           90.00         09000         CL           91.01         04950         WC           92.00         09200         CE           92.01         09201         OE           92.01         09201         AV           95.00         09500         AW	PHYSI CAL THERAPY	93, 767	10, 415		1, 417	0	66.00	69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.00         07300         DR           73.01         07300         RE           76.02         03420         M           76.02         03951         IM           76.02         03700         BL           77.00         07400         RE           90.00         07400         RE           90.00         03952         AN           76.92         03761         I           70.02         03700         AL           90.00         07408         HY           70.00         07400         CL           90.00         09000         CL           91.01         04900         CL           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AM	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	27, 799	0 1, 199	0	0	0	67.00 68.00	70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.01         07300         DR           73.01         07400         RE           76.00         03480         M           76.01         03952         AN           76.02         03951         I           77.00         07700         AL           07700         AL         07700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09202         AN           95.00         09500         AM	ELECTROCARDI OLOGY	11, 736 43, 450	134, 023		163 18, 237	0	69.00	72.00         07200         I.M.           73.00         07300         DR           73.01         07300         DR           73.01         07300         DR           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I.M.           70.00         07000         AL           90.00         07000         CL           91.01         04900         CE           92.00         09200         OE           92.01         09200         OE           95.00         09500         AN	ELECTROENCEPHALOGRAPHY	14, 708	65, 059	0	8, 853	0	70.00	73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I N           76.02         03701         L           77.00         0700         AL           90.00         07000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AN	MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	242, 975 175, 977	0	0	0	0	71.00	74.00         07400         RE           76.00         03480         0N           76.01         03952         AN           76.02         03951         IN           76.98         07698         HY           77.00         AU         0UTPATIE           90.00         09000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AM	DRUGS CHARGED TO PATIENTS	310, 930	0	0	0	0	73.00	76.00         03480         0N           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           77.00         07700         AL           007000         CL         01700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AN	DI ABETES CENTER	7, 166	0	0	0	0	73.01	76.01         03952         AM           76.02         03951         I M           76.98         07698         HY           77.00         07700         AL           0UTPATI         E           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         E           92.01         09200         B           95.00         09500         AM	RENAL DI ALYSI S ONCOL OGY	17, 477 69, 455	22, 531 24, 281	0	3, 066 3, 304	0	74.00 76.00	76.98         07698         HY           77.00         07700         AL           0UTPATI         0           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         OE           92.01         09201         OE           95.00         09500         AM	ANTI COAGULATI ON	5, 400	0	0	0,001	0	76.01	77.00         07700 AL           OUTPATI E           90.00         09000 CL           91.00         09100 EM           92.00         04950 WC           92.01         09200 DE           09201 DE         071HER RE           95.00         09500 AM	INFUSION SERVICES	9, 847	0	0	0	0	76.02	OUTPATI E           90.00         09000 CL           91.00         09100 EN           92.00         09200 OE           92.01         09200 OE           09201 OE         09201 OE           0THER RE         95.00	HYPERBARIC OXYGEN THERAPY ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	76.98 77.00	91.00 09100 EM 91.01 04950 WC 92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM	IENT SERVICE COST CENTERS							91.01 04950 WC 92.00 09200 0B 92.01 09201 0B 07HER RE 95.00 09500 AM		14, 189	0 510 052		0 60 529	0	90.00	92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM	WOUND CARE	163, 261 24, 813	510, 953 210, 145		69, 528 28, 596	0 0	91.00 91.01	95.00 09500 AM	OBSERVATION BEDS (NON-DISTINCT PART						92.00	95.00 09500 AM	OBSERVATION BEDS (DISTINCT PART) REIMBURSABLE COST CENTERS	32, 105	98, 788	0	13, 443	0	92.01	101.00 10100 HC	AMBULANCE SERVICES	7, 301	132, 224	0	17, 992	0	95.00	102 00 10000 00	HOME HEALTH AGENCY	84, 899	241, 451	0	32, 856	0	101.00		OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	113.00 11300 I N	INTEREST EXPENSE						113.00	116.0011600 HC	HOSPI CE	86, 384	0	0	0 749, 076	0 1, 170, 900	116.00								1118.00	190. 00 19000 GI 192. 00 19200 PH	SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS	3, 368, 939	5, 718, 654	279, 906	749,070	1, 170, 900	
RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	13, 560 63, 582	32, 089 0	9, 027 11, 025	4, 367 0	0	51.00 52.00																																																																																																																																																																																																																																									
56.00         05600         RA           56.01         03950         CA           57.00         05700         CT           58.00         05800         MR           60.00         06000         LA           65.00         05500         RE           60.00         06000         LA           65.00         06000         LA           67.00         06700         00           68.00         06900         EL           70.00         07000         EL           71.00         07100         ME           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03740         RE           70.00         07000         CL           71.00         07100         RE           76.02         03752         AN           76.02         03752         AN           70.00         07000         CL           90.00         09000         CL           91.01         04950         WC	RADI OLOGY-DI AGNOSTI C	127, 190	269, 538		36, 678	0	54.00																																																																																																																																																																																																																																								
56. 01         03950         CA           57. 00         05700         CT           58. 00         05800         MR           60. 00         06000         LA           65. 00         06500         RE           66. 00         06600         PH           67. 00         06700         CT           68. 00         06800         SF           69. 00         06700         EL           70. 00         07000         EL           71. 00         07100         ME           73. 01         07300         DR           73. 01         07301         DI           74. 00         07400         RE           76. 01         03952         AN           76. 02         03951         I.N           76. 03         07508         HY           70. 00         07000         CL           90. 00         09000         CL           91. 01         04950         WC           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         GE           92. 01         09200         <	RADI OLOGY - THERAPEUTI C	14, 132	49, 982	0	6, 801	0	55.00 56.00																																																																																																																																																																																																																																								
57.00         05700         CT           58.00         05800         MR           60.00         06500         RE           65.00         06500         RE           66.00         06600         PE           67.00         06700         OC           68.00         06800         SE           69.00         07000         EL           70.00         07000         EL           71.00         07100         ME           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.02         03951         I.N           76.03         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OE           92.01         09201         AN	CARDI AC CATH LAB	2, 697 29, 445	3, 170 163, 848		431 22, 296	0	56.00																																																																																																																																																																																																																																								
60.00         06000         LA           65.00         06500         RE           66.00         06600         PF           67.00         06700         00           68.00         06400         SF           69.00         07000         EL           70.00         07100         ME           71.00         07100         IN           73.01         07301         DI           74.00         03420         AN           76.01         03952         AN           76.02         03701         I           77.00         07000         CL           90.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         AN           95.00         09500         AN	CT SCAN	20, 054	18, 688	0	2, 543	0	57.00																																																																																																																																																																																																																																								
65.00         06500         RE           66.00         06600         PH           67.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         I           73.01         07301         DI           74.00         03480         M           76.02         03751         I           76.02         03751         I           77.00         07700         AL           00.00         09000         CL           90.00         09000         CL           91.01         04950         W           92.01         09201         O           92.01         09201         M           92.01         09201         AL		7,098	16, 534 79, 488		2, 250	0	58.00 60.00																																																																																																																																																																																																																																								
66.00         06600         PH           67.00         06700         00           68.00         06800         SF           69.00         06900         EL           70.00         07000         EL           71.00         07000         EL           73.01         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           70.00         09000         CL           90.00         09000         CL           91.01         04950         WC           92.01         09200         GE           92.01         09200         GE           92.01         09201         OE           92.01         09500         AN           95.00         09500         AN	RESPIRATORY THERAPY	166, 331 52, 430	34, 781	1, 785 2, 090	10, 816 4, 733	0	65.00																																																																																																																																																																																																																																								
68.00         06800         SF           69.00         06900         EL           70.00         07000         BL           71.00         07100         ME           72.00         07200         I.W           73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03952         AN           76.02         03951         I.N           76.03         07700         AL           007401         E         O           90.00         09000         CL           91.01         04950         WC           92.00         09200         CE           92.01         09201         OE           92.01         09201         AV           95.00         09500         AW	PHYSI CAL THERAPY	93, 767	10, 415		1, 417	0	66.00																																																																																																																																																																																																																																								
69.00         06900         EL           70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.00         07300         DR           73.01         07300         RE           76.02         03420         M           76.02         03951         IM           76.02         03700         BL           77.00         07400         RE           90.00         07400         RE           90.00         03952         AN           76.92         03761         I           70.02         03700         AL           90.00         07408         HY           70.00         07400         CL           90.00         09000         CL           91.01         04900         CL           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AM	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	27, 799	0 1, 199	0	0	0	67.00 68.00																																																																																																																																																																																																																																								
70.00         07000         EL           71.00         07100         ME           72.00         07200         IM           73.01         07300         DR           73.01         07400         RE           76.00         03480         M           76.01         03952         AN           76.02         03951         I           77.00         07700         AL           07700         AL         07700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09202         AN           95.00         09500         AM	ELECTROCARDI OLOGY	11, 736 43, 450	134, 023		163 18, 237	0	69.00																																																																																																																																																																																																																																								
72.00         07200         I.M.           73.00         07300         DR           73.01         07300         DR           73.01         07300         DR           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I.M.           70.00         07000         AL           90.00         07000         CL           91.01         04900         CE           92.00         09200         OE           92.01         09200         OE           95.00         09500         AN	ELECTROENCEPHALOGRAPHY	14, 708	65, 059	0	8, 853	0	70.00																																																																																																																																																																																																																																								
73.00         07300         DR           73.01         07301         DI           74.00         07400         RE           76.01         03480         ON           76.02         03952         AN           76.02         03951         I N           76.02         03701         L           77.00         0700         AL           90.00         07000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AN	MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	242, 975 175, 977	0	0	0	0	71.00																																																																																																																																																																																																																																								
74.00         07400         RE           76.00         03480         0N           76.01         03952         AN           76.02         03951         IN           76.98         07698         HY           77.00         AU         0UTPATIE           90.00         09000         CL           91.01         04950         WC           92.00         09200         OE           92.01         09201         OE           95.00         09500         AM	DRUGS CHARGED TO PATIENTS	310, 930	0	0	0	0	73.00																																																																																																																																																																																																																																								
76.00         03480         0N           76.01         03952         AN           76.02         03951         I           76.98         07698         HY           77.00         07700         AL           007000         CL         01700           90.00         09000         CL           91.01         04950         WC           92.01         09201         OE           92.01         09201         OTHER           95.00         09500         AN	DI ABETES CENTER	7, 166	0	0	0	0	73.01																																																																																																																																																																																																																																								
76.01         03952         AM           76.02         03951         I M           76.98         07698         HY           77.00         07700         AL           0UTPATI         E           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         E           92.01         09200         B           95.00         09500         AM	RENAL DI ALYSI S ONCOL OGY	17, 477 69, 455	22, 531 24, 281	0	3, 066 3, 304	0	74.00 76.00																																																																																																																																																																																																																																								
76.98         07698         HY           77.00         07700         AL           0UTPATI         0           90.00         09000         CL           91.00         09100         EM           92.00         09200         OE           92.01         09200         OE           92.01         09201         OE           95.00         09500         AM	ANTI COAGULATI ON	5, 400	0	0	0,001	0	76.01																																																																																																																																																																																																																																								
77.00         07700 AL           OUTPATI E           90.00         09000 CL           91.00         09100 EM           92.00         04950 WC           92.01         09200 DE           09201 DE         071HER RE           95.00         09500 AM	INFUSION SERVICES	9, 847	0	0	0	0	76.02																																																																																																																																																																																																																																								
OUTPATI E           90.00         09000 CL           91.00         09100 EN           92.00         09200 OE           92.01         09200 OE           09201 OE         09201 OE           0THER RE         95.00	HYPERBARIC OXYGEN THERAPY ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	76.98 77.00																																																																																																																																																																																																																																								
91.00 09100 EM 91.01 04950 WC 92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM	IENT SERVICE COST CENTERS																																																																																																																																																																																																																																														
91.01 04950 WC 92.00 09200 0B 92.01 09201 0B 07HER RE 95.00 09500 AM		14, 189	0 510 052		0 60 529	0	90.00																																																																																																																																																																																																																																								
92.00 09200 0E 92.01 09201 0E 0THER RE 95.00 09500 AM	WOUND CARE	163, 261 24, 813	510, 953 210, 145		69, 528 28, 596	0 0	91.00 91.01																																																																																																																																																																																																																																								
95.00 09500 AM	OBSERVATION BEDS (NON-DISTINCT PART						92.00																																																																																																																																																																																																																																								
95.00 09500 AM	OBSERVATION BEDS (DISTINCT PART) REIMBURSABLE COST CENTERS	32, 105	98, 788	0	13, 443	0	92.01																																																																																																																																																																																																																																								
101.00 10100 HC	AMBULANCE SERVICES	7, 301	132, 224	0	17, 992	0	95.00																																																																																																																																																																																																																																								
102 00 10000 00	HOME HEALTH AGENCY	84, 899	241, 451	0	32, 856	0	101.00																																																																																																																																																																																																																																								
	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00																																																																																																																																																																																																																																								
113.00 11300 I N	INTEREST EXPENSE						113.00																																																																																																																																																																																																																																								
116.0011600 HC	HOSPI CE	86, 384	0	0	0 749, 076	0 1, 170, 900	116.00																																																																																																																																																																																																																																								
							1118.00																																																																																																																																																																																																																																								
190. 00 19000 GI 192. 00 19200 PH	SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS	3, 368, 939	5, 718, 654	279, 906	749,070	1, 170, 900																																																																																																																																																																																																																																									

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period:	Worksheet B	
				From 01/01/2022 To 12/31/2022	Part II Date/Time Pre	pared:
					5/30/2023 7:1	<u>3 pm</u>
Cost Center Description	OTHER	OPERATI ON OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	ADMI NI STRATI VE	PLANT	LINEN SERVICE			
	AND GENERAL					
	5.06	7.00	8.00	9.00	10.00	
194. 00 07950  MOB	0	0		0 0	0	194.00
194. 01 07951 LI FELI NE	0	0	(	0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	(	0 0	0	194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	18, 194	371, 986	(	0 0	0	194.03
194.04 07953 JV-SAGAMORE ASC	1, 661	66, 614		0 0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	(	0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3, 726, 629	6, 290, 726	279, 90	5 767, 245	1, 170, 900	202.00

	2	FRANCI SCAN HEA				u of Form CMS-2	2552-10
ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CC	F	eriod: rom 01/01/2022 o 12/31/2022	Worksheet B Part II Date/Time Pre	nared
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	5/30/2023 7: 1 MEDI CAL	
	cost center bescription	CAFETERIA	ADMI NI STRATI ON	SERVICES &	PHARMACT	RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5. 01
5.02 5.03	01140 MGMT INFO SYSTEMS 00550 PURCHASING						5.02 5.03
5.03	00570 ADMI TTI NG						5.03
5.05	00580 PATIENT ACCOUNTING						5.05
5.06 7.00	00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT						5.06 7.00
7.00 8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPI NG						9.00
10.00	01000 DI ETARY	FOF 770					10.00
11. 00 13. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION	525, 772 17, 603	1				11.00
14.00	01400 CENTRAL SERVICES & SUPPLY	3, 589		338, 721			14.00
15.00	01500 PHARMACY	14, 272	1 1	3, 359			15.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	626	1 1	0		242, 273 0	16.00
20.00	02000 NURSI NG PROGRAM	8, 355	-	164	-	0	20.00
23.00	02301 PHARMACY RESIDENCY	863	1	0		0	23.00
23.01	02300 EMS EDUCATION INPATIENT ROUTINE SERVICE COST CENTERS	339	0	170	0	0	23.01
30.00	03000 ADULTS & PEDIATRICS	146, 343	109, 123	19, 910	0	21, 119	30.00
31.00	03100 I NTENSI VE CARE UNI T	32, 433		4, 842		3, 481	31.00
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	14, 222 10, 850		1, 250 439		2, 972 939	
41.00	04300 NURSERY	10, 850		439		747	41.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20, 622		197, 494		48, 287	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	3, 809		252 0		2, 664 3, 049	51.00 52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	24, 222		20, 873	-	16, 659	1
55.00	05500 RADI OLOGY - THERAPEUTI C	2, 393		83		2, 205	•
56. 00 56. 01	05600 RADI OI SOTOPE 03950 CARDI AC CATH LAB	435 6, 377	1	0 39, 685		2, 171 12, 175	56.00
57.00	05700 CT SCAN	4, 532		1, 800		9, 684	•
58.00	05800 MRI	2, 152	1 1	417		1, 642	
60. 00 65. 00	06000 LABORATORY 06500 RESPI RATORY THERAPY	C 12, 304	-	9, 786 8, 636		20, 452 4, 610	1
66. 00	06600 PHYSI CAL THERAPY	21, 398		2, 957		4, 648	
67.00	06700 OCCUPATI ONAL THERAPY	6, 648	4, 957	106	0	2, 320	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	2, 651 8, 501		37 317		824	
69. 00 70. 00	07000 ELECTROENCEPHALOGRAPHY	4,435		851		6, 114 797	69.00 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	C	0	0	0	13, 707	71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	C	-	0		6, 627	72.00
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 DIABETES CENTER	1, 973	-	0 10		12, 131 1	
	07400 RENAL DI ALYSI S	424		172		495	
76.00	03480 ONCOLOGY	18, 870	1	13, 213		3, 892	
76. 01 76. 02	03952 ANTI COAGULATI ON 03951 I NFUSI ON SERVI CES	1, 001 3, 127	1	306 1, 738		159 618	•
76.98	07698 HYPERBARI C OXYGEN THERAPY	C	1	0		0	76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	C	0	0	0	0	77.00
90.00	OUTPATIENT SERVICE COST CENTERS	3, 280	ol	755	o	120	90.00
90.00 91.00	09100 EMERGENCY	38,909		6, 858		21, 001	90.00
91.01	04950 WOUND CARE	2, 863		14		122	91.01
92. 00 92. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0.404	0	700	o	1 000	92.00
7∠. UI	OTHER REIMBURSABLE COST CENTERS	9, 606	<u>, U</u>	788	<u> </u>	1, 339	92.01
	09500 AMBULANCE SERVI CES	25, 505		0		0	
	10100 HOME HEALTH AGENCY	22, 317		495			101.00
	10200 OPIOLD TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	C	0	0	0	0	102.00
102.00							113.00
113.00	11300 INTEREST EXPENSE						
113. 00 116. 00	11600 HOSPI CE	15, 412		910		13, 111	•
113.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	15, 412 513, 261		910 338, 687		13, 111 242, 273	•
113. 00 116. 00 118. 00 190. 00	11600 HOSPI CE		297, 095		604, 834	242, 273	

Health Financial Systems	FRANCI SCAN HEAI	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period:	Worksheet B	
				From 01/01/2022 To 12/31/2022	Part II Date/Time Pre	pared <sup>.</sup>
				10 12/01/2022	5/30/2023 7:1	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
194.0007950 MOB	0	0		0 0	0	194.00
194. 01 07951 LI FELI NE	0	0		0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0		0 0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.03
194.0407953JV-SAGAMORE ASC	81	0		0 0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	1, 768	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	527, 540	297, 095	338, 72	1 604, 834	242, 273	202.00

LOCA	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEALT	Provi der CC		Period: From 01/01/2022 To 12/31/2022	u of Form CMS- Worksheet B Part II Date/Time Pre 5/30/2023 7:1	pared
	Cost Center Description	SOCI AL SERVI CE	NURSI NG	PHARMACY	EMS EDUCATION	Subtotal	
		17.00	PROGRAM 20.00	RESI DENCY 23.00	23.01	24.00	
	GENERAL SERVICE COST CENTERS				1		
00 00	00100 CAP REL COSTS-BLDG & FIXT						1.0
00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
01	01160 COMMUNI CATI ONS						5.0
02	01140 MGMT INFO SYSTEMS						5. C
03	00550 PURCHASI NG						5.0
04 05	00570 ADMI TTI NG 00580 PATI ENT ACCOUNTI NG						5.0
05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.0
00	00700 OPERATION OF PLANT						7. (
00	00800 LAUNDRY & LINEN SERVICE						8.0
00	00900 HOUSEKEEPING						9.0
. 00 . 00	01000 DI ETARY 01100 CAFETERI A						10.0
. 00	01300 NURSI NG ADMI NI STRATI ON						13.0
. 00	01400 CENTRAL SERVICES & SUPPLY						14. (
. 00	01500 PHARMACY						15.0
. 00 . 00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	33, 942					16.0
. 00	02000 NURSI NG PROGRAM	55, 942	2, 275, 022				20.0
. 00	02301 PHARMACY RESIDENCY	0	_,,	6, 65	7		23.0
. 01	02300 EMS EDUCATION	0			3, 372		23. (
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	23, 970				8, 377, 111	30.
. 00	03100 I NTENSI VE CARE UNI T	3, 333				992, 084	
. 00	02060 NEONATAL INTENSIVE CARE UNIT	1, 961				545, 212	
. 00	04100 SUBPROVI DER – I RF	2, 117				945, 318	
. 00	04300 NURSERY	2, 561				29, 434	43.
. 00	ANCI LLARY SERVI CE COST CENTERS	0				2, 435, 505	50.
. 00	05100 RECOVERY ROOM	0				183, 900	
. 00	05200 DELIVERY ROOM & LABOR ROOM	0				87, 073	1
. 00		0				1, 463, 373	
. 00 . 00	05500 RADI OLOGY - THERAPEUTI C 05600 RADI OI SOTOPE	0				247, 128 23, 169	
. 01	03950 CARDI AC CATH LAB	0				846, 613	
. 00	05700 CT SCAN	0				137, 709	57.0
. 00	05800 MRI	0				89, 846	
. 00	06000 LABORATORY 06500 RESPI RATORY THERAPY	0				580, 534	
. 00	06600 PHYSI CAL THERAPY	0				268, 748 226, 670	
. 00	06700 OCCUPATI ONAL THERAPY	0				54, 604	
. 00	06800 SPEECH PATHOLOGY	0				27, 530	
. 00	06900 ELECTROCARDI OLOGY	0				682, 342	
. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0				320, 322 274, 201	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0				191, 075	
. 00	07300 DRUGS CHARGED TO PATIENTS	0				943, 400	
. 01	07301 DI ABETES CENTER	0				13, 775	
. 00	07400 RENAL DI ALYSI S 03480 ONCOLOGY	0				120, 286 244, 796	
. 00	03952 ANTI COAGULATI ON	0				8, 630	
. 02	03951 I NFUSI ON SERVICES	0				20, 544	
	07698 HYPERBARI C OXYGEN THERAPY	0				0	
. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0				0	77.0
. 00	OUTPATI ENT SERVICE COST CENTERS	0				22, 904	90.
. 00	09100 EMERGENCY	0				2, 638, 012	
. 01	04950 WOUND CARE	0				968, 833	
. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.
. 01	09201 OBSERVATI ON BEDS (DI STI NCT PART) OTHER REIMBURSABLE COST CENTERS	0				497, 347	92.
. 00	09500 AMBULANCE SERVICES	0				668, 800	95.
1.00	10100 HOME HEALTH AGENCY	0				1, 231, 961	101.
2.00	10200 OPI OI D TREATMENT PROGRAM	0				0	102.
3 00	SPECIAL PURPOSE COST CENTERS						113.
	11300 INTEREST EXPENSE	0				165, 832	
8.00		33, 942	0		o o	26, 574, 621	
	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				173, 403	
2.00	19200 PHYSICIANS' PRIVATE OFFICES 07950 MOB	0				806, 782	192.

Health Finar	ncial Systems	FRANCI SCAN HEALT	H LAFAYETTE		In Lie	u of Form CMS-	2552-10
ALLOCATI ON	OF CAPITAL RELATED COSTS		Provider CO		Peri od:	Worksheet B	
					From 01/01/2022		
				-	Fo 12/31/2022		
						5/30/2023 7:1	<u>3 pm</u>
	Cost Center Description	SOCIAL SERVICE	NURSI NG	PHARMACY	EMS EDUCATION	Subtotal	
			PROGRAM	RESI DENCY			
		17.00	20.00	23.00	23.01	24.00	
194.0107951	LIFELINE	0				0	194.01
194.0207952	PATIENT TRANSPORT	0				0	194. 02
194.0307954	OTHER NONREIMBURSABLE COST CENTERS	0				813, 049	194.03
194.04 07953	JV-SAGAMORE ASC	0				144, 165	194.04
200.00	Cross Foot Adjustments		2, 275, 022	6, 65	7 3, 372	2, 285, 051	200.00
201.00	Negative Cost Centers	0	0	(	0 0	477, 775	201.00
202.00	TOTAL (sum lines 118 through 201)	33, 942	2, 275, 022	6, 65	7 3, 372	31, 274, 846	202.00

Ith Financial Systems LOCATION OF CAPITAL RELATED COSTS	FRANCI SCAN HEALT	Provi der CCI	N: 15-0109	Peri od: From 01/01/2022 To 12/31/2022	u of Form CMS-2552 Worksheet B Part II Date/Time Prepare 5/30/2023 7:13 pr
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			<u>3/30/2023 7.13 p</u>
	25.00	26.00			
GENERAL SERVICE COST CENTERS					
00 00100 CAP REL COSTS-BLDG & FIXT 00 00200 CAP REL COSTS-MVBLE EQUIP 00 00400 EMPLOYEE BENEFITS DEPARTMENT 01 01160 COMMUNICATIONS					1 2 4 5
02 01140 MGMT I NFO SYSTEMS 03 00550 PURCHASI NG					5 5
04 00570 ADMITTING 05 00580 PATIENT ACCOUNTING 06 00560 OTHER ADMINISTRATIVE AND GENERAL					5 5 5
00 00700 0PERATI ON OF PLANT 00 00800 LAUNDRY & LI NEN SERVI CE 00 00900 HOUSEKEEPI NG					7 8 9
00 01000 DI ETARY 00 01100 CAFETERIA					10 11
00 01300 NURSI NG ADMI NI STRATI ON 00 01400 CENTRAL SERVI CES & SUPPLY 00 01500 PHARMACY					13   14   15
00 01600 MEDICAL RECORDS & LIBRARY 00 01700 SOCIAL SERVICE					16 17
00 02000 NURSI NG PROGRAM 00 02301 PHARMACY RESI DENCY 01 02300 EMS EDUCATI ON					20 23 23
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 00 03000 ADULTS & PEDI ATRI CS	0	8, 377, 111			30
00 03100 INTENSIVE CARE UNIT 00 02060 NEONATAL INTENSIVE CARE UNIT 00 04100 SUBPROVIDER - IRF	0	992, 084 545, 212 945, 318			31 35 41
00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	29, 434			43
00 05000 0PERATING ROOM 00 05100 RECOVERY ROOM 00 05200 DELIVERY ROOM & LABOR ROOM	0	2, 435, 505 183, 900 87, 073			50 51 52
00 05400 RADI OLOGY-DI AGNOSTI C 00 05500 RADI OLOGY - THERAPEUTI C	0	1, 463, 373 247, 128			54 55
00 05600 RADI OI SOTOPE 01 03950 CARDI AC CATH LAB 00 05700 CT SCAN	0 0	23, 169 846, 613 137, 709			56 56 57
00 05800 MRI 00 06000 LABORATORY	0	89, 846 580, 534			58 60
00         06500         RESPI RATORY         THERAPY           00         06600         PHYSI CAL         THERAPY           00         06700         OCCUPATI ONAL         THERAPY	0	268, 748 226, 670 54, 604			65 66 67
00 06800 SPEECH PATHOLOGY 00 06900 ELECTROCARDI OLOGY	0	27, 530 682, 342			68 69
00 07000 ELECTROENCEPHALOGRAPHY 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	320, 322 274, 201 191, 075			70 71 72
00 07300 DRUGS CHARGED TO PATIENTS 01 07301 DIABETES CENTER	0	943, 400 13, 775			73 73
00 07400 RENAL DI ALYSI S 00 03480 0NC0L0GY 01 03952 ANTI COAGULATI ON	0	120, 286 244, 796 8, 630			74 76 76
02 03951 I NFUSI ON SERVI CES 98 07698 HYPERBARI C OXYGEN THERAPY	0	20, 544 0			76 76
00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 00TPATI ENT SERVI CE COST CENTERS 00 09000 CLI NI C		22, 904			90
00 09000 CEINIC 00 09100 EMERGENCY 01 04950 WOUND CARE	0	22, 904 2, 638, 012 968, 833			90 91 91
00 09200 OBSERVATION BEDS (NON-DISTINCT PART 01 09201 OBSERVATION BEDS (DISTINCT PART) 01 00201 DESERVATION DEDS (DISTINCT PART)	0 0	497, 347			92 92
OTHER REI MBURSABLE COST CENTERS 00 09500 AMBULANCE SERVI CES 1. 00 10100 HOME HEALTH AGENCY	0	668, 800 1, 231, 961			95 101
2. 00 10200 OPI OI D TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0	0			102
3. 00 11300 I NTEREST EXPENSE 5. 00 11600 HOSPI CE	0	165, 832			113 116

Health Financial Systems	FRANCI SCAN HEALT	H LAFAYETTE		In Lieu	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0109	Peri od:	Worksheet B	
				From 01/01/2022 To 12/31/2022	Part II Date/Time Pro	epared:
					5/30/2023 7:	
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments					
	25.00	26.00				
NONREI MBURSABLE COST CENTERS						
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173, 403				190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	806, 782				192.00
194. 00 07950  MOB	0	0				194.00
194. 01 07951  LI FELI NE	0	0				194.01
194. 02 07952 PATI ENT TRANSPORT	0	0				194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	813, 049				194.03
194.0407953JV-SAGAMORE ASC	0	144, 165				194.04
200.00 Cross Foot Adjustments	0	2, 285, 051				200.00
201.00 Negative Cost Centers	0	477, 775				201.00
202.00 TOTAL (sum lines 118 through 201)	0	31, 274, 846				202.00

				F			
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		CAPI TAL REI	ATED COSTS			0,00,2020 ,	
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	COMMUNI CATI ONS (PHONE LI NE S)	MGMT INFO SYSTEMS (MANHOURS)	
		1.00	2.00	SALARIES) 4.00	5. 01	5. 02	
	GENERAL SERVICE COST CENTERS	1.00	2.00	4.00	5.01	5.02	
	00100 CAP REL COSTS-BLDG & FIXT	795, 618					1.00
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	4, 704	759, 784 4, 704				2.00
	01160 COMMUNI CATI ONS	1, 018	1, 018				5.01
	01140 MGMT INFO SYSTEMS	17, 633	17, 633			4, 054, 498	5. 02
	00550 PURCHASI NG	11, 730	11, 730			0	
	00570 ADMITTING 00580 PATIENT ACCOUNTING	0 7,608	0 7, 608			0	
	00560 OTHER ADMINISTRATIVE AND GENERAL	90, 238	90, 238			162, 582	
	00700 OPERATION OF PLANT	148, 671	148, 671	2, 797, 122		165, 528	•
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	4, 786 12, 684	4, 786 12, 684	539, 259 2, 134, 185		30, 615 168, 722	
	01000 DI ETARY	19, 952	19, 952		-	131, 806	•
1	01100 CAFETERI A	9, 518				0	
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 015 5, 567	3, 015 5, 567	4, 013, 782 387, 102		113, 673 23, 176	
-	01400 CENTRAL SERVICES & SUPPLY	9, 230				92, 162	•
16.00	01600 MEDICAL RECORDS & LIBRARY	3, 889	3, 889	26, 298	17	4, 044	•
	01700 SOCIAL SERVICE	603	603	0 205 7(0	-	0	
	02000 NURSI NG PROGRAM 02301 PHARMACY RESI DENCY	40, 750 0	40, 750 0	2, 205, 760 237, 886		53, 955 5, 570	•
	02300 EMS EDUCATI ON	0	0			2, 188	•
	INPATIENT ROUTINE SERVICE COST CENTERS	444 440	11( 110	40,400,407		0.45 0.04	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	116, 149 11, 470				945, 031 209, 439	
	02060 NEONATAL INTENSIVE CARE UNIT	8, 035	8, 035			91, 840	•
	04100 SUBPROVIDER - IRF	14, 424	14, 424	1, 804, 731		70, 063	1
	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0	651, 072	0	0	43.00
	05000 OPERATI NG ROOM	34, 041	34, 041	4, 209, 611	24	133, 171	50.00
	05100 RECOVERY ROOM	2, 622	2, 622	629, 070		24, 596	•
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0 22, 024	0 22, 024	2, 934, 207 4, 677, 862		0 156, 415	
	05500 RADI OLOGY - THERAPEUTI C	4, 084	4, 084	4, 077, 885		150, 415	•
	05600 RADI OI SOTOPE	259	259			2, 812	•
	03950 CARDI AC CATH LAB 05700 CT SCAN	13, 388 1, 527	13, 388 1, 527	1, 292, 217 741, 759		41, 182 29, 269	
-	05800 MRI	1, 327	1, 351			13, 897	
60.00	06000 LABORATORY	6, 495	6, 495		44	0	60.00
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2, 842 851	2, 842 851	2, 140, 762 5, 202, 861		79, 452 138, 180	•
	06700 OCCUPATIONAL THERAPY	0	0	1, 645, 123		42, 929	
68.00	06800 SPEECH PATHOLOGY	98	98	661, 924		17, 122	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	10, 951	10, 951	1, 704, 872		54, 899	•
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5, 316 0	5, 316 0	662, 854 C	0	28, 641 0	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	•
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	
	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	1, 841	0 1, 841	399, 961 84, 866		12, 741 2, 735	
	03480 ONCOLOGY	1, 984	1, 984			121, 856	
	03952 ANTI COAGULATI ON	0	0	310, 228	0	6, 464	1
	03951 I NFUSI ON SERVI CES 07698 HYPERBARI C OXYGEN THERAPY	0	0	632, 793 C		20, 190 0	1
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	-	0	•
(	OUTPATIENT SERVICE COST CENTERS	1			 _		1
	09000 CLINIC 09100 EMERGENCY	0 41, 750	0 41, 750			21, 183 251, 264	•
	04950 WOUND CARE	41, 750	41, 750	6, 129, 712 869, 514		18, 486	•
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	8,072	8, 072	1, 204, 787	0	62, 031	92.01
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVI CES	10, 804	10, 804	C	0	164, 704	95.00
101.00	10100 HOME HEALTH AGENCY	19, 729	19, 729		0	144, 113	101.00
	10200 OPI OI D TREATMENT PROGRAM	0	0	C	0	0	102.00
113.00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
	11600 HOSPI CE	0	0	3, 090, 577	О		116.00

Health Financial Systems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0109		Period: From 01/01/2022	Worksheet B-1	
				To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
	CAPI TAL REL	ATED COSTS			10/00/2020 // 1	
Cost Center Description	BLDG & FI XT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS (PHONE LI NE S)	MGMT INFO SYSTEMS (MANHOURS)	
			(GROSS SALARI ES)			
	1.00	2.00	4.00	5.01	5. 02	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	748, 874	748, 874	124, 502, 724	4 705	3, 973, 706	118.00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3, 124	3, 128	56, 468	3 0		190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	7, 782	7, 782	16, 383, 502	2 0		192.00
194.0007950 MOB	0	0	(	0 0		194.00
194. 01 07951 LI FELI NE	0	0	(	0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	(	0 0		194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	30, 395	0	223, 628	3 0		194.03
194.0407953JV-SAGAMORE ASC	5, 443	0	33, 72	1 0	524	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	11, 061, 097	20, 213, 749	31, 854, 846	5 1, 426, 776	4, 450, 176	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13. 902522	26. 604599	0. 225601	1 2, 023. 795745	1. 097590	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			190, 545	5 42, 314	716, 869	204.00
205.00 Unit cost multiplier (Wkst. B, Part			0.001349	60. 019858	0. 176808	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

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		eriod: rom 01/01/2022	Worksheet B-1	
			Т		Date/Time Pre 5/30/2023 7:1	
Cost Center Description	PURCHASI NG (COSTED REQ UI SI )	ADMI TTI NG (GROSS CHAR GES)	PATI ENT ACCOUNTI NG (GROSS CHAR GES)	Reconci I i ati on	OTHER ADMI NI STRATI VE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5. 05	5A. 06	5. 06	
GENERAL SERVICE COST CENTERS	1					1 1 00
1.00       00100       CAP REL COSTS-BLDG & FIXT         2.00       00200       CAP REL COSTS-MVBLE EQUIP         4.00       00400       EMPLOYEE BENEFITS DEPARTMENT         5.01       01160       COMMUNI CATIONS         5.02       01140       MGMT INFO SYSTEMS         5.03       00550       PURCHASING         5.04       00570       ADMITTING         5.05       00580       PATIENT ACCOUNTING         5.06       00560       OTHER ADMINISTRATIVE AND GENERAL         7.00       00700       OPERATION OF PLANT         8.00       00800       LAUNDRY & LINEN SERVICE         9.00       00900       HOUSEKEEPING         10.00       01000       DI ETARY         11.00       01100       CAFETERIA         13.00       01300       NURSING ADMINISTRATION         14.00       01400       CENTRAL SERVICES & SUPPLY         15.00       01500       PHARMACY         16.00       01600       MEDI CAL RECORDS & LI BRARY         17.00       02000       NURSING PROGRAM         23.00       02301       PHARMACY RESI DENCY         23.01       023001       EDUCATION	30, 693, 363 0 208, 804 4, 208 1, 994 25, 550 25, 330 0 8, 956 252, 924 299, 125 9 0 14, 639 0 15, 179	1, 604, 419, 206 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 604, 419, 206 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-61, 296, 882 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	268, 525, 643 16, 727, 905 1, 532, 322 4, 215, 063 3, 643, 472 601, 183 6, 441, 102 1, 460, 783 4, 582, 668 2, 037, 218 42, 640 2, 647, 705 323, 359 165, 937	$\begin{array}{c} 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 20.\ 00\\ 23.\ 00\\ \end{array}$
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         INTENSI VE CARE UNI T           35. 00         02060         NEONATAL INTENSI VE CARE UNI T           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY	1, 773, 118 431, 231 111, 339 39, 099 0	139, 862, 761 23, 051, 522 19, 679, 933 6, 216, 923 4, 947, 013	139, 862, 761 23, 051, 522 19, 679, 933 6, 216, 923 4, 947, 013	0 0 0 0 0	32, 580, 810 7, 129, 466 3, 354, 283 2, 878, 333 1, 007, 460	31.00 35.00 41.00
ANCI LLARY SERVICE COST CENTERS	17 699 493	210 727 174	210 727 174	0	11 570 207	
ANCI LLART SERVICE COST CENTERS           50. 00         05000         OPERATI NG ROOM           51. 00         05100         RECOVERY ROOM           52. 00         05200         DELI VERY ROOM & LABOR ROOM           54. 00         05400         RADI OLOGY - DI AGNOSTI C           55. 00         05500         RADI OLOGY - THERAPEUTI C           56. 01         03950         CARDI AC CATH LAB           57. 00         05700         CT SCAN           58. 00         05800         MRI           60. 00         6600         RABORATORY           65. 00         06500         RESPI RATORY THERAPY           66. 00         06600         PHYSI CAL THERAPY           67. 00         06700         OCCUPATI ONAL THERAPY           68. 00         06600         PHECTROCARDI OLOGY           70. 00         07000         ELECTROCARDI OLOGY           70. 00         07000         ELECTROCARDI OLOGY           70. 00         07000         ELECTROCARDI OLOGY           71. 00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT           72. 00         07200         IMPL. DEV. CHARGED TO PATI ENTS           73. 01         07301         DABETES CENTER           74. 0	17, 588, 482 22, 463 0 1, 858, 817 7, 400 0 3, 534, 118 160, 328 37, 174 871, 474 769, 090 263, 365 9, 419 3, 339 28, 196 75, 769 0 0 0 869 15, 306 1, 176, 657 27, 218 154, 759 0 0	319, 737, 176 17, 643, 562 20, 194, 445 110, 327, 310 14, 603, 888 14, 376, 907 80, 629, 172 64, 135, 476 10, 873, 603 135, 443, 286 30, 528, 059 30, 780, 074 15, 363, 068 5, 459, 241 40, 493, 187 5, 276, 360 90, 774, 579 43, 888, 758 80, 338, 228 5, 575 3, 281, 070 25, 777, 832 1, 054, 111 4, 090, 891 0 0 792, 510 139, 079, 702	14, 603, 888 14, 376, 907 80, 629, 172 64, 135, 476 10, 873, 603 135, 443, 286 30, 528, 059 30, 780, 074 15, 363, 068 5, 459, 241 40, 493, 187 5, 276, 360 90, 774, 579 43, 888, 758 80, 338, 228 5, 575 3, 281, 070 25, 777, 832 1, 054, 111 4, 090, 891 0		11, 579, 207 977, 059 4, 581, 482 9, 164, 835 1, 018, 306 194, 304 2, 121, 733 1, 445, 017 511, 446 11, 985, 244 3, 777, 933 6, 756, 518 2, 003, 069 845, 634 3, 130, 862 1, 059, 784 17, 507, 923 12, 680, 296 22, 404, 542 516, 345 1, 259, 358 5, 004, 673 389, 078 709, 571 0 0	51.00 52.00 54.00 55.00 56.00 57.00 58.00 60.00 65.00 60.00 65.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 73.01 74.00 76.01 76.02 76.98 77.00
91.01     04950     WOUND CARE       92.00     09200     OBSERVATION BEDS (NON-DISTINCT PART)       92.01     09201     OBSERVATION BEDS (DISTINCT PART)       0THER     REIMBURSABLE COST CENTERS	1, 223 70, 198	809, 845 8, 869, 023	809, 845 8, 869, 023	0	1, 787, 955 2, 313, 353	91. 01 92. 00 92. 01
95. 00 09500 AMBULANCE SERVICES 101. 00 10100 HOME HEALTH AGENCY 102. 00 10200 OPIOID TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	0 44, 105 0	0 9, 208, 916 0	0 9, 208, 916 0	0 0 0	526, 062 6, 117, 494 0	
113.00 11300 INTEREST EXPENSE 116.00 11600 HOSPICE 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	81, 025 30, 690, 319	86, 825, 200 1, 604, 419, 206	86, 825, 200 1, 604, 419, 206		6, 224, 556 242, 751, 764	
NONREI MBURSABLE COST CENTERS 190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 176	0	0	0	182, 435	190. 00

Heal th Financ	cial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST ALLOCATI	ION – STATISTICAL BASIS		Provider CC		eriod:	Worksheet B-1	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
(	Cost Center Description	PURCHASI NG	ADMI TTI NG	PATI ENT	Reconciliation		
		(COSTED REQ	(GROSS CHAR	ACCOUNTI NG		ADMI NI STRATI VE	
		UISI)	GES)	(GROSS CHAR		AND GENERAL	
				GES)		(ACCUM. COST)	
		5.03	5.04	5.05	5A. 06	5.06	
192.00 19200 1		1, 868	0	C	0	24, 160, 762	
194.0007950		0	0	C	0		194.00
194. 01 07951		0	0	C	0		194.01
194. 02 07952	PATI ENT TRANSPORT	0	0	C	0		194.02
194.0307954	OTHER NONREIMBURSABLE COST CENTERS	0	0	C	0	1, 310, 983	194.03
194.0407953	JV-SAGAMORE ASC	0	0	C	0	119, 699	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
	Cost to be allocated (per Wkst. B, Part I)	-89, 891	251	1, 544, 387		61, 296, 882	202. 00
	Unit cost multiplier (Wkst. B, Part I)	0, 000000	0, 000000	0,000963		0. 228272	203 00
	Cost to be allocated (per Wkst. B,	476,007	0.000000	309, 018		3, 726, 629	
	Part II)	1,0,00,	Ū	00,,010		0, , 20, 02,	201100
	Unit cost multiplier (Wkst. B, Part	0. 015508	0. 000000	0.000193		0. 013878	205.00
	11)						
206.00	NAHE adjustment amount to be allocated						206.00
	(per Wkst. B-2)						
207.00	NAHE unit cost multiplier (Wkst. D,						207.00
	Parts III and IV)						

Health Financial Systems	FRANCI SCAN HEAL				u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		eriod: rom 01/01/2022 o 12/31/2022	Worksheet B-1 Date/Time Pre	nared
Cost Center Description	OPERATI ON OF	LAUNDRY &	HOUSEKEEPING	DI ETARY	5/30/2023 7:1 CAFETERI A	
	PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF		(MEALS SERVED)	(MANHOURS)	
	7.00	LAUNDRY) 8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00       00200       CAP       REL       COSTS       MVBLE       EQUIP         4.00       00400       EMPLOYEE       BENEFITS       DEPARTMENT         5.01       01160       COMMUNI CATIONS         5.02       01140       MGMT       INFO       SYSTEMS         5.03       00550       PURCHASING       S.04       00570       ADMITTING         5.04       00570       ADMITTING       S.06       00560       OTHER       ADMINISTRATIVE       AND       GENERAL         7.00       00700       OPERATION OF       PLANT       8.00       00800       LAUNDRY & LINEN       SERVICE         9.00       009000       HOUSEKEEPING       Service       Service       Service	514, 016 4, 786 12, 684	1, 183, 654 27, 374				$\begin{array}{c} 1.00\\ 2.00\\ 4.00\\ 5.01\\ 5.02\\ 5.03\\ 5.04\\ 5.05\\ 5.06\\ 7.00\\ 8.00\\ 9.00\\ \end{array}$
9.00       00000       HOUSENEEPTING         10.00       01000       DI ETARY         11.00       01100       CAFETERIA         13.00       01300       NURSI NG ADMI NI STRATI ON         14.00       01400       CENTRAL SERVI CES & SUPPLY         15.00       01500       PHARMACY         16.00       01600       MEDI CAL RECORDS & LI BRARY         17.00       01700       SOCI AL SERVI CE         20.00       02000       NURSI NG PROGRAM         23.00       02301       PHARMACY RESI DENCY         23.01       102300       EMS EDUCATI ON         INPATI ENT ROUTI NE SERVI CE COST CENTERS	12, 684 19, 952 9, 518 3, 015 5, 567 9, 230 3, 889 603 40, 750 0	21, 374 33, 244 0 0 29, 999 0 0 0 0 0 0 0	19, 952 9, 518 3, 015	160, 532 0 0 0 0 0 0 0 0 0 0 0	3, 395, 245 113, 673 23, 176 92, 162 4, 044 0 53, 955 5, 570 2, 188	10.00 11.00 13.00 14.00 15.00 16.00 17.00 20.00
30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         I NTENSI VE CARE UNI T           35. 00         02060         NEONATAL I NTENSI VE CARE UNI T           41. 00         04100         SUBPROVI DER - I RF           43. 00         04300         NURSERY           ANCI LLARY         SERVI CE COST CENTERS	116, 149 11, 470 8, 035 14, 424 0	417, 849 63, 654 26, 532 22, 470 43, 604	11, 470 8, 035	18, 722	945, 031 209, 439 91, 840 70, 063 0	30. 00 31. 00 35. 00 41. 00 43. 00
50. 00 05000 OPERATI NG ROOM	34, 041	207, 591	34, 041	0	133, 171	50.00
51.00       05100       RECOVERY       ROOM         52.00       05200       DELI VERY       ROOM & LABOR       ROOM         54.00       05400       RADI OLOGY-DI AGNOSTI C         55.00       05500       RADI OLOGY - THERAPEUTI C         56.00       05600       RADI OLOGY -	2, 622 0 22, 024 4, 084 259	38, 173 46, 621 72, 841 0 0	2, 622 0 22, 024 4, 084 259	0 0 0 0	24, 596 0 156, 415 15, 454 2, 812	51.00 52.00 54.00 55.00 56.00
56. 01 03950 CARDIAC CATH LAB 57. 00 05700 CT SCAN 58. 00 05800 MRI 60. 00 06000 LABORATORY	13, 388 1, 527 1, 351 6, 495	4, 813 0 0 7, 547	13, 388 1, 527 1, 351 6, 495	0 0 0	41, 182 29, 269 13, 897 0	56. 01 57. 00 58. 00 60. 00
65.00         06500         RESPI RATORY THERAPY           66.00         06600         PHYSI CAL THERAPY           67.00         06700         OCCUPATI ONAL THERAPY           68.00         06800         SPEECH PATHOLOGY           69.00         06900         ELECTROCARDI OLOGY	2,842 851 0 98 10,951	8, 837 16, 446 0 0 6, 703	2, 842 851 0 98 10, 951		79, 452 138, 180 42, 929 17, 122 54, 899	66.00 67.00
70. 0007000ELECTROENCEPHALOGRAPHY71. 0007100MEDI CAL SUPPLI ES CHARGED TO PATI ENT72. 0007200I MPL. DEV. CHARGED TO PATI ENTS73. 0007300DRUGS CHARGED TO PATI ENTS73. 0107301DI ABETES CENTER	5, 316 0 0 0 0	0 0 0 0	5, 316 0 0 0 0	0 0 0 0	28, 641 0 0 12, 741	70.00 71.00 72.00 73.00 73.01
74.00       07400       RENAL DI ALYSI S         76.00       03480       0NCOLOGY         76.01       03952       ANTI COAGULATI ON         76.02       03951       I NFUSI ON SERVI CES         76.98       07698       HYPERBARI C OXYGEN THERAPY         77.00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON	1, 841 1, 984 0 0 0 0		1, 841 1, 984 0 0 0 0	0 0 0 0	2, 735 121, 856 6, 464 20, 190 0 0	76. 01
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC           91.00         09100         EMERGENCY           91.01         04950         WOUND CARE           92.00         095ERVATION BEDS (NON-DISTINCT PART           92.01         09201         OBSERVATION BEDS (DISTINCT PART)	0 41, 750 17, 171 8, 072	0 109, 356 0 0			21, 183 251, 264 18, 486 62, 031	91.00 91.01 92.00
OTHER REI MBURSABLE COST CENTERS 95. 00 09500 AMBULANCE SERVI CES 101. 00 10100 HOME HEALTH AGENCY 102. 00 10200 OPI OI D TREATMENT PROGRAM	10, 804 19, 729 0	0 0 0	19, 729	0	164, 704 144, 113 0	1
SPECIAL PURPOSE COST CENTERS113.001130011400INTEREST EXPENSE116.0011600HOSPICESUBTOTALS (SUM OF LINES 1 through 117)	0 467, 272	0 1, 183, 654	0 449, 802	0 160, 532	99, 526 3, 314, 453	
NONREI MBURSABLE COST CENTERS           190. 00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN	3, 124					190.00

Health Financial Systems	FRANCISCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC		eriod:	Worksheet B-1	
				rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/30/2023 7:1	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	
	(SQUARE FEET)	(POUNDS OF				
		LAUNDRY)				
	7.00	8.00	9.00	10.00	11.00	
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	7, 782	0	7, 782	0		192.00
194. 00 07950 MOB	0	0	C	0		194.00
194. 01 07951 LI FELI NE	0	0	C	0		194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	C	0		194. 02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	30, 395		C	0		194.03
194.0407953JV-SAGAMORE ASC	5, 443	0	C	0		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	20, 546, 417	2, 073, 416	5, 732, 204	5, 579, 181	1, 237, 296	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	39. 972330	1. 751708	12.442055	34. 754323	0. 364420	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	6, 290, 726	279, 906	767, 245	1, 170, 900	527, 540	204.00
205.00 Unit cost multiplier (Wkst. B, Part	12. 238386	0. 236476	1. 665346	7. 293873	0. 154855	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

JI A	LLOCATION - STATISTICAL BASIS		Provider CC	CN: 15-0109		i od:	Worksheet B-1	2552
					To	m 01/01/2022 12/31/2022		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		MEDI CAL	5/30/2023 7:1 SOCI AL SERVI CE	
		ADMI NI STRATI ON	SERVICES & SUPPLY	(COSTED REQUIS.)		RECORDS & LI BRARY	(TIME SPENT)	
		(DI RECT NRS	(COSTED REQ	REQ013. )		(GROSS CHAR		
		I NG)	UI SI )	15.00		GES)	17.00	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00		16.00	17.00	-
00	00100 CAP REL COSTS-BLDG & FIXT							1
00	00200 CAP REL COSTS-MVBLE EQUIP							2
00 01	00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS							4
02	01140 MGMT INFO SYSTEMS							5
03	00550 PURCHASI NG							5
04	00570 ADMI TTI NG							5
05 06	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL							5
00	00700 OPERATION OF PLANT							7
00	00800 LAUNDRY & LINEN SERVICE							8
00	00900 HOUSEKEEPING							9
	01000 DI ETARY 01100 CAFETERI A							10
	01300 NURSI NG ADMI NI STRATI ON	2, 572, 926						13
	01400 CENTRAL SERVICES & SUPPLY	0	30, 165, 597					14
	01500 PHARMACY	0	299, 125	1	100			15
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	9		01	, 604, 419, 206	48, 142	16
	02000 NURSI NG PROGRAM	0	14, 639		0	0	0	
. 00	02301 PHARMACY RESIDENCY	0	0		0	0	0	
. 01	02300 EMS EDUCATION	0	15, 179		0	0	0	23
00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	945, 031	1, 773, 118		0	139, 862, 761	33, 999	30
	03100 I NTENSI VE CARE UNI T	209, 439	431, 231		0	23, 051, 522	4, 727	
	02060 NEONATAL INTENSIVE CARE UNIT	91, 840	111, 339		0	19, 679, 933		
	04100 SUBPROVIDER - IRF	70, 063	39, 099		0	6, 216, 923		
. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	0		0	4, 947, 013	3, 632	43
. 00	05000 OPERATI NG ROOM	133, 171	17, 588, 482		0	319, 737, 176	0	50
	05100 RECOVERY ROOM	24, 596	22, 463		0	17, 643, 562	0	
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C	0	0 1, 858, 817		0 0	20, 194, 445 110, 327, 310	0	
	05500 RADI OLOGY - THERAPEUTI C	0	7, 400		0	14, 603, 888	-	
	05600 RADI OI SOTOPE	2, 812	0		0	14, 376, 907	0	
	03950 CARDIAC CATH LAB	41, 182	3, 534, 118		0	80, 629, 172	0	
	05700 CT SCAN 05800 MRI	0	160, 328 37, 174		0 0	64, 135, 476 10, 873, 603	0	
	06000 LABORATORY	0	871, 474		0	135, 443, 286		
	06500 RESPIRATORY THERAPY	79, 452	769, 090		0	30, 528, 059		
	06600 PHYSI CAL THERAPY	138, 180	263, 365		0	30, 780, 074	0	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	42, 929	9, 419 3, 339		0 0	15, 363, 068 5, 459, 241		
	06900 ELECTROCARDI OLOGY	17, 122 54, 899	3, 339 28, 196		0	40, 493, 187	0	
	07000 ELECTROENCEPHALOGRAPHY	28, 641	75, 769		0	5, 276, 360	0	
	07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0	0		0	90, 774, 579		
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	1	0 100	43, 888, 758 80, 338, 228		
	07301 DI ABETES CENTER	12, 741	869		0	5, 575	0	
	07400 RENAL DI ALYSI S	2, 735	15, 306		0	3, 281, 070	0	
	03480 ONCOLOGY	0	1, 176, 657		0	25, 777, 832	0	
	03952 ANTI COAGULATI ON 03951 I NFUSI ON SERVI CES	0	27, 218 154, 759		0	1, 054, 111 4, 090, 891	0	
	07698 HYPERBARI C OXYGEN THERAPY	0	154, 759		0	4, 090, 891	0	
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	0	
	OUTPATIENT SERVICE COST CENTERS							Ι.
	09000 CLINIC 09100 EMERGENCY	0	67, 275 610, 745		0 0	792, 510	0	
	04950 WOUND CARE	251, 264 18, 486	610, 745 1, 223		0	139, 079, 702 809, 845	-	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	10, 400	1,223		J	007,040		92
	09201 OBSERVATION BEDS (DISTINCT PART)	0	70, 198		0	8, 869, 023	0	
00		4/4 70 1			0			1
	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY	164, 704 144, 113	0 44, 105		0 0	0 9, 208, 916		95 101
	10200 OPI OLD TREATMENT PROGRAM	144, 113	44, 105		0	9, 208, 918		102
	SPECIAL PURPOSE COST CENTERS	· · ·	5					
3 00	11300 INTEREST EXPENSE					86, 825, 200		113
	11600 HOSPI CE	99, 526	81, 025		0			

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Period:	Worksheet B-1	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCI AL SERVI CE	
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		SUPPLY	REQUIS.)	LI BRARY	(TIME SPENT)	
	(DI RECT NRS	(COSTED REQ		(GROSS CHAR		
	I NG)	UI SI )		GES)		
	13.00	14.00	15.00	16.00	17.00	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1, 176		0 0		190.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 868		0 0		192.00
194.00 07950 MOB	0	0		0 0		194.00
194. 01 07951 LI FELI NE	0	0		0		194.01
194. 02 07952 PATIENT TRANSPORT	0	0		0	-	194.02
194.03 07954 OTHER NONREI MBURSABLE COST CENTERS	0	0		0		194.03
194. 04 07953 JV-SAGAMORE ASC	0	0		0 0		194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8, 110, 880	2, 147, 025	6, 167, 42	4 2, 707, 572	83, 980	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3. 152395	0. 071175	61, 674. 24000	0. 001688	1.744423	203.00
204.00 Cost to be allocated (per Wkst. B,	297, 095	338, 721	604, 83	4 242, 273	33, 942	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 115470	0. 011229	6, 048. 34000	0. 000151	0. 705039	205.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)				1		

Health Financial Systems	FRANCI SCAN HEAL		N 45 0400		u of Form CMS-	
COST ALLOCATION - STATISTICAL BASIS		Provider CC	1	Period: From 01/01/2022 To 12/31/2022	Worksheet B-1 Date/Time Pre	
Cost Center Description	NURSI NG	PHARMACY	EMS EDUCATION		5/30/2023 7:1	
cost center bescription	PROGRAM	RESI DENCY	(ASSI GNED			
	(ASSI GNED TI ME)	(ASSI GNED TI ME)	TIME)			
	20.00	23.00	23.01			
GENERAL         SERVICE         COST         CENTERS           1.00         00100         CAP         REL         COSTS-BLDG         & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5. 01 01160 COMMUNICATIONS						5. 01
5. 02 01140 MGMT I NFO SYSTEMS						5.02
5. 03 00550 PURCHASI NG 5. 04 00570 ADMI TTI NG						5. 03 5. 04
5. 05 00580 PATIENT ACCOUNTING 5. 06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00 00700 OPERATION OF PLANT						5.06 7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG						8.00
10. 00  01000 DI ETARY						9.00 10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINISTRATION						11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY						13.00 14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY 17.00 01700 SOCIAL SERVICE						16.00 17.00
20. 00 02000 NURSI NG PROGRAM	100	100				20.00
23. 00 02301 PHARMACY RESIDENCY 23. 01 02300 EMS EDUCATION		100	100	o		23.00 23.01
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		-				
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT	100	0				30.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	(	C		35.00
41. 00 04100 SUBPROVI DER – I RF 43. 00 04300 NURSERY	0	0				41.00 43.00
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATING ROOM 51. 00 05100 RECOVERY ROOM	0	0				50.00 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	(	C		52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY - THERAPEUTI C	0	0				54.00 55.00
56. 00 05600 RADI 0I SOTOPE	0	0		Ď		56.00
56. 01 03950 CARDI AC CATH LAB 57. 00 05700 CT SCAN	0	0				56.01 57.00
58. 00 05800 MRI	0	0	(	D		58.00
60. 00 06000 LABORATORY 65. 00 06500 RESPI RATORY THERAPY	0	0				60.00 65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	(			66.00
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0	(			67.00 68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	(			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(			70.00 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 07301 DIABETES CENTER	0	100	(			73.00 73.01
74. 00 07400 RENAL DI ALYSI S	0	0	(			74.00
76.00 03480 ONCOLOGY	0	0	(			76.00
76. 01 03952 ANTI COAGULATI ON 76. 02 03951 I NFUSI ON SERVI CES	0	0	(	0		76. 01 76. 02
76. 98 07698 HYPERBARI C OXYGEN THERAPY 77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0	0	(			76.98
77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON OUTPATI ENT SERVI CE COST CENTERS	0	0		0		77.00
90. 00 09000 CLINIC	0	0				90.00
91.00 09100 EMERGENCY 91.01 04950 WOUND CARE	0	0	100			91.00 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	~				92.00
92. 01 09201 0BSERVATI ON BEDS (DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS	0	0	(			92.01
95. 00 09500 AMBULANCE SERVICES	0	0		2		95.00
101.00 10100 HOME HEALTH AGENCY 102.00 10200 OPI 0I D TREATMENT PROGRAM	0	0 0				101.00 102.00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300  I NTEREST EXPENSE 116. 00 11600  HOSPI CE	0	0	(	b		113. 00 116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)		100	100			118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	p		190.00

Health Financial Systems		FRANCISCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATIS	STI CAL BASI S		Provider CC		Period:	Worksheet B-1
					From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/30/2023 7:13 pm
Cost Center	Description	NURSI NG	PHARMACY	EMS EDUCATION	1	
		PROGRAM	RESI DENCY	(ASSI GNED		
		(ASSI GNED	(ASSI GNED	TIME)		
		TIME)	TIME)		_	
		20.00	23.00	23.01		
	PRIVATE OFFICES	0	0		0	192.00
194.0007950M0B		0	0		0	194.00
194. 01 07951 LI FELI NE		0	0		0	194. 01
194.0207952 PATIENT TRAM	NSPORT	0	0		0	194. 02
194.0307954 OTHER NONREI	MBURSABLE COST CENTERS	0	0		0	194. 03
194.04 07953 JV-SAGAMORE	ASC	0	0		0	194.04
200.00 Cross Foot A	Adjustments					200.00
201.00 Negative Cos	st Centers					201.00
202.00 Cost to be a	allocated (per Wkst. B,	5, 408, 692	399, 203	205, 69	3	202.00
Part I)						
203.00 Unit cost mu	ultiplier (Wkst. B, Part I)	54, 086. 920000	3, 992. 030000	2,056.93000	0	203.00
204.00 Cost to be a	allocated (per Wkst. B,	2, 275, 022	6, 657	3, 37	2	204.00
Part II)						
205.00 Unit cost mu	ultiplier (Wkst. B, Part	22, 750. 220000	66. 570000	33.72000	0	205.00
)	•					
206.00 NAHE adjustr	ment amount to be allocated	0	0		0	206.00
(per Wkst. E	3-2)					
207.00 NAHE unit co	ost multiplier (Wkst. D,	0. 000000	0. 000000	0.00000	0	207.00
Parts III ar	nd IV)					
						-

Ith Financial Systems IPUTATION OF RATIO OF COSTS TO CHARGES	TRANCT SOAN TIEA	TH LAFAYETTE Provider CO	CN: 15-0109	Peri od:	u of Form CMS-: Worksheet C	2002.
			SN. 13-0107	From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pare
		Title	XVIII	Hospi tal	5/30/2023 7:1 PPS	s pili
				Costs	110	
Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs		Total Costs	
	26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	-					
00 03000 ADULTS & PEDIATRICS	60, 561, 241		60, 561, 24		60, 561, 241	
00 03100 INTENSIVE CARE UNIT	10, 934, 697		10, 934, 69	97 0	10, 934, 697	31.
00 02060 NEONATAL INTENSIVE CARE UNIT	4, 956, 578		4, 956, 57	78 6, 426	4, 963, 004	35.
00 04100 SUBPROVIDER - IRF	4, 954, 653		4, 954, 65	53 0	4, 954, 653	41.
00 04300 NURSERY	1, 328, 503		1, 328, 50	03 0	1, 328, 503	43.
ANCILLARY SERVICE COST CENTERS	- · · ·					
00 05000 OPERATI NG ROOM	18, 629, 511		18, 629, 51	11 0	18, 629, 511	50.
00 05100 RECOVERY ROOM	1, 522, 272		1, 522, 27	-	1, 522, 272	
00 05200 DELIVERY ROOM & LABOR ROOM	5, 743, 060		5, 743, 06		5, 743, 060	
00 05400 RADI OLOGY-DI AGNOSTI C					12, 922, 470	
	12, 914, 415		12, 914, 4			
00 05500 RADI OLOGY - THERAPEUTI C	1, 495, 627		1, 495, 62		1, 495, 627	
00 05600 RADI OI SOTOPE	286, 391		286, 39		286, 391	
01 03950 CARDI AC CATH LAB	3, 848, 693		3, 848, 69	93 0	3, 848, 693	56
00 05700 CT SCAN	1, 985, 249		1, 985, 24	19 0	1, 985, 249	57
00 05800 MRI	725, 072		725, 07	72 0	725, 072	58
00 06000 LABORATORY	15, 365, 446		15, 365, 44	46 13, 480	15, 378, 926	60
00 06500 RESPI RATORY THERAPY	5, 190, 459				5, 190, 459	
00 06600 PHYSI CAL THERAPY	8, 928, 911	0			8, 928, 911	
00 06700 OCCUPATI ONAL THERAPY	2, 637, 890				2, 637, 890	
			1, 113, 47			
00 06800 SPEECH PATHOLOGY	1, 113, 473				1, 113, 473	
00 06900 ELECTROCARDI OLOGY	4, 694, 710		4, 694, 7		4, 694, 880	
00 07000 ELECTROENCEPHALOGRAPHY	1, 695, 362		1, 695, 36		1, 695, 362	
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21, 657, 719		21, 657, 71		21, 657, 719	
00 07200 IMPL. DEV. CHARGED TO PATIENTS	15, 648, 937		15, 648, 93	37 0	15, 648, 937	72
00 07300 DRUGS CHARGED TO PATIENTS	34, 221, 110		34, 221, 11	10 0	34, 221, 110	73
01 07301 DI ABETES CENTER	679, 091		679, 09	91 0	679, 091	73
00 07400 RENAL DIALYSIS	1, 659, 575		1, 659, 57	75 0	1, 659, 575	74
00 03480 ONCOLOGY	6, 422, 759		6, 422, 75		6, 422, 759	
01 03952 ANTI COAGULATI ON	483, 966		483, 96		483, 966	
02 03951 I NFUSI ON SERVICES	896, 824		896, 82		896, 824	
98 07698 HYPERBARI C OXYGEN THERAPY	070, 024		070, 02	0 0	070, 024	
00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0			0 0	0	77
OUTPATIENT SERVICE COST CENTERS	1 0/0 /7/		1 0 0 0		1 0/0 /7/	1
00 09000 CLINIC	1, 269, 676		1, 269, 67		1, 269, 676	
00 09100 EMERGENCY	18, 196, 807		18, 196, 80		18, 220, 504	
01 04950 WOUND CARE	3, 162, 569		3, 162, 56		3, 162, 569	
00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1, 407, 454		1, 407, 45	54	1, 407, 454	92
01 09201 OBSERVATION BEDS (DISTINCT PART)	3, 307, 088		3, 307, 08	38 0	3, 307, 088	92.
OTHER REIMBURSABLE COST CENTERS						1
00 09500 AMBULANCE SERVICES	1, 791, 665		1, 791, 66	55 0	1, 791, 665	1 95.
. OO 10100 HOME HEALTH AGENCY	9,073,533		9, 073, 53		9, 073, 533	
2. 00 10200 OPI OI D TREATMENT PROGRAM	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		102
SPECIAL PURPOSE COST CENTERS	0				0	102
						1110
3. 00 11300 INTEREST EXPENSE					0 1 1	113
5. 00 11600 HOSPI CE	8, 147, 790		8, 147, 79		8, 147, 790	
0.00 Subtotal (see instructions)	297, 538, 776				297, 590, 604	
.00 Less Observation Beds	1, 407, 454		1, 407, 45	54	1, 407, 454	201.

COMPUT	Financial Systems ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Pre 5/30/2023 7:1	
				XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	0100		0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10100	
	03000 ADULTS & PEDIATRICS	114, 852, 510		114, 852, 51	0		30. 00
31.00	03100 I NTENSI VE CARE UNI T	23, 051, 522		23, 051, 52			31.00
	02060 NEONATAL INTENSIVE CARE UNIT	19, 679, 933		19, 679, 93			35.00
	04100 SUBPROVI DER – I RF	6, 216, 923		6, 216, 92			41.00
	04300 NURSERY	4, 947, 013		4, 947, 01			43.00
	ANCI LLARY SERVI CE COST CENTERS	4, 747, 013		4, 747, 01	5		
	05000 OPERATI NG ROOM	89, 684, 701	230, 052, 475	319, 737, 17	0. 058265	0. 000000	50.00
	05100 RECOVERY ROOM	4, 640, 880	13, 002, 682			0. 000000	
	05200 DELIVERY ROOM & LABOR ROOM	19, 319, 323	875, 122			0. 000000	
	05400 RADI OLOGY-DI AGNOSTI C	26, 305, 110	84, 022, 200			0. 000000	
	05500 RADI OLOGY - THERAPEUTI C	4, 091, 547	10, 512, 341			0. 000000	
	05600 RADI OLOGT - THERAPEUTIC	4,091,347				0.000000	
	03950 CARDI AC CATH LAB		14, 375, 953				
		42, 951, 097	37, 678, 075			0.00000	
	05700 CT SCAN	17, 978, 289	46, 157, 187			0.00000	
	05800 MRI	2, 908, 542	7, 965, 061	10, 873, 60		0.00000	
	06000 LABORATORY	58, 987, 505	76, 455, 781	135, 443, 28		0.00000	
	06500 RESPI RATORY THERAPY	24, 724, 636	5, 803, 423			0.00000	
	06600 PHYSI CAL THERAPY	8, 455, 001	22, 325, 073			0.000000	
	06700 OCCUPATI ONAL THERAPY	7, 229, 928	8, 133, 140			0.000000	
	06800 SPEECH PATHOLOGY	1, 759, 682	3, 699, 559			0.00000	
	06900 ELECTROCARDI OLOGY	13, 640, 087	26, 853, 100			0.000000	
	07000 ELECTROENCEPHALOGRAPHY	1, 160, 739	4, 115, 621	5, 276, 36		0. 000000	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 349, 017	79, 425, 562	90, 774, 57	0. 238588	0. 000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40, 970, 179	2, 918, 579	43, 888, 75	0. 356559	0.00000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44, 931, 872	35, 406, 356	80, 338, 22	0. 425963	0.00000	73.00
73.01	07301 DI ABETES CENTER	609	4, 966	5, 57	75 121. 810045	0.00000	73.01
74.00	07400 RENAL DIALYSIS	2, 260, 713	1,020,357	3, 281, 07	0. 505803	0.000000	74.00
76.00	03480 ONCOLOGY	82, 879	25, 694, 953	25, 777, 83	0. 249158	0.000000	76.00
76.01	03952 ANTI COAGULATI ON	0	1,054,111	1, 054, 11		0. 000000	
76. 02	03951 I NFUSI ON SERVI CES	0	4, 090, 891	4, 090, 89		0.000000	
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0.000000	0.000000	
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0 0.000000	0.000000	
	OUTPATIENT SERVICE COST CENTERS			I			
90.00	09000 CLINIC	0	792, 510	792, 51	0 1.602095	0.00000	90.00
	09100 EMERGENCY	26, 460, 359	112, 619, 343			0. 000000	
	04950 WOUND CARE	20, 400, 337	809, 845			0. 000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	25, 010, 251			0. 000000	
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	1, 771, 445	7, 097, 578			0.000000	
	OTHER REIMBURSABLE COST CENTERS	1,771,443	1,071,378	0,007,02	0.372001	0.00000	72.01
	09500 AMBULANCE SERVICES	0	0		0 0.000000	0. 000000	05.00
	10100 HOME HEALTH AGENCY					0.00000	101.00
	10200 OPI OLD TREATMENT PROGRAM	0	9, 208, 916	9, 208, 91			
		0	0	I	0		102.00
	SPECIAL PURPOSE COST CENTERS	1			1		1110 00
	11300 I NTEREST EXPENSE		0/ 005 000	0/ 005 00			113.00
	11600 HOSPI CE	0	86, 825, 200				116.00
200.00		620, 412, 995	984, 006, 211	1, 604, 419, 20	06		200.00
201.00							201.00
202.00	Total (see instructions)	620, 412, 995	984 006 211	1,604,419,20	)6		202.00

MPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2022		
			To 12/31/2022	Date/Time Pre 5/30/2023 7:1	parec 3 pm
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
INDATIENT DOUTINE SEDVICE COST CENTERS	11.00				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					30.
. 00 03100 INTENSIVE CARE UNIT					30.
00 02060 NEONATAL INTENSIVE CARE UNIT					35.
. 00 04100 SUBPROVIDER - IRF					41.
00 04300 NURSERY					43.
ANCI LLARY SERVICE COST CENTERS					43.
0. 00 05000 OPERATING ROOM	0. 058265				50.
. 00 05100 RECOVERY ROOM	0. 086279				51.
2. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 284388				52.
. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 117128				54.
. 00 05500 RADI OLOGY - THERAPEUTI C	0. 102413				55.
00 05500 RADIOLOGY - THERAPEOTIC	0. 019920				56.
0. 01 03950 CARDI AC CATH LAB	0.047733				56.
. 00 05700 CT SCAN	0. 030954				57.
8. 00 05800 MRI	0. 066682				58.
0. 00 06000 LABORATORY	0. 113545				60.
00 06500 RESPIRATORY THERAPY	0. 170023				65.
00 06600 PHYSI CAL THERAPY	0. 290087				66.
00 06700 OCCUPATI ONAL THERAPY	0. 171703				67.
00 06800 SPEECH PATHOLOGY	0. 203961				68.
00 06900 ELECTROCARDI OLOGY	0. 115942				69.
00 07000 ELECTROENCEPHALOGRAPHY	0. 321313				70.
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 238588				71.
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 356559				72.
00 07300 DRUGS CHARGED TO PATIENTS	0. 425963				73.
01 07301 DI ABETES CENTER	121. 810045				73.
. 00 07400 RENAL DI ALYSI S	0. 505803				74.
00 03480 ONCOLOGY	0. 249158				76.
01 03952 ANTI COAGULATI ON	0. 459122				76.
0. 02 03951 I NFUSI ON SERVICES	0. 219225				76.
. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000				76.
. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000				77.
OUTPATIENT SERVICE COST CENTERS					
0. 00 09000 CLINIC	1. 602095				90.
. 00 09100 EMERGENCY	0. 131008				91.
. 01 04950 WOUND CARE	3. 905153				91.
00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 056275				92.
01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 372881				92.
OTHER REIMBURSABLE COST CENTERS	· · · · ·				1
00 09500 AMBULANCE SERVICES	0. 000000				95.
1.00 10100 HOME HEALTH AGENCY					101.
2.00 10200 OPI OI D TREATMENT PROGRAM					102.
SPECIAL PURPOSE COST CENTERS					1
3.00 11300 INTEREST EXPENSE					113.
6. 00 11600 HOSPI CE					116.
0.00 Subtotal (see instructions)					200.
1.00 Less Observation Beds					201.
2.00 Total (see instructions)					202.

MPUTATION OF RATIO	ems OF COSTS TO CHARGES		TH LAFAYETTE	CN· 15-0109	Peri od:	u of Form CMS-: Worksheet C	2002
					From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pare
			Ti +1	e XIX	Hospi tal	5/30/2023 7:1 Cost	3 pm
			1111		Costs	COST	
Cost Cen	ter Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
0001 0011		(from Wkst. B,	Adj.	iotal ocoto	Di sal I owance	lotal booto	
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
I NPATI ENT ROUT	INE SERVICE COST CENTERS						
0.00 03000 ADULTS &	PEDI ATRI CS	60, 561, 241		60, 561, 24	1 0	60, 561, 241	30.
. 00 03100 INTENSIV	E CARE UNIT	10, 934, 697		10, 934, 69	7 0	10, 934, 697	31.
. 00 02060 NEONATAL	INTENSIVE CARE UNIT	4, 956, 578		4, 956, 57	8 6, 426	4, 963, 004	35.
. 00 04100 SUBPROVI		4, 954, 653		4, 954, 65		4, 954, 653	
. 00 04300 NURSERY		1, 328, 503		1, 328, 50		1, 328, 503	
	I CE COST CENTERS	.,020,000		1, 020, 00	<u> </u>	1, 020, 000	1
0. 00 05000 OPERATI N		18, 629, 511		18, 629, 51	1 0	18, 629, 511	50.
. 00 05100 RECOVERY		1, 522, 272		1, 522, 27		1, 522, 272	
	ROOM & LABOR ROOM	5, 743, 060		5, 743, 06		5, 743, 060	
00 05200 DELI VERY							
		12, 914, 415		12, 914, 41		12, 922, 470	
	Y – THERAPEUTIC	1, 495, 627		1, 495, 62		1, 495, 627	
00 05600 RADI 0I S0		286, 391		286, 39		286, 391	
01 03950 CARDI AC	CATH LAB	3, 848, 693		3, 848, 69		3, 848, 693	
00 05700 CT SCAN		1, 985, 249		1, 985, 24	9 0	1, 985, 249	
00 05800 MRI		725, 072		725, 07	2 0	725, 072	58
00 06000 LABORATO	RY	15, 365, 446		15, 365, 44	6 13, 480	15, 378, 926	60
00 06500 RESPI RAT	DRY THERAPY	5, 190, 459	0	5, 190, 45	9 0	5, 190, 459	65
00 06600 PHYSI CAL	THERAPY	8, 928, 911	0	8, 928, 91	1 0	8, 928, 911	66
00 06700 0CCUPATI	ONAL THERAPY	2, 637, 890	0	2, 637, 89		2, 637, 890	67
. 00 06800 SPEECH P	ATHOLOGY	1, 113, 473	0	1, 113, 47		1, 113, 473	
00 06900 ELECTROC		4, 694, 710	-	4, 694, 71		4, 694, 880	
00 07000 ELECTROE		1, 695, 362		1, 695, 36		1, 695, 362	
	SUPPLIES CHARGED TO PATIENT	21, 657, 719		21, 657, 71		21, 657, 719	
	V. CHARGED TO PATIENTS	15, 648, 937		15, 648, 93		15, 648, 937	
	ARGED TO PATIENTS	34, 221, 110		34, 221, 11		34, 221, 110	
01 07301 DI ABETES		679, 091		679, 09		679, 091	
00 07400 RENAL DI	ALY 51 5	1, 659, 575		1, 659, 57		1, 659, 575	
00 03480 ONCOLOGY		6, 422, 759		6, 422, 75		6, 422, 759	
01 03952 ANTI COAG		483, 966		483, 96		483, 966	
. 02 03951 I NFUSI ON		896, 824		896, 82		896, 824	
	IC OXYGEN THERAPY	0			0 0	0	
	IC STEM CELL ACQUISITION	0			0 0	0	77
	VICE COST CENTERS						
. 00 09000 CLINIC		1, 269, 676		1, 269, 67		1, 269, 676	
. 00 09100 EMERGENC		18, 196, 807		18, 196, 80	7 23, 697	18, 220, 504	
.01 04950 WOUND CA	RE	3, 162, 569		3, 162, 56	9 0	3, 162, 569	91
. 00 09200 OBSERVAT	ON BEDS (NON-DISTINCT PART	1, 407, 454		1, 407, 45	4	1, 407, 454	92
. 01 09201 OBSERVAT	ON BEDS (DISTINCT PART)	3, 307, 088		3, 307, 08	8 0	3, 307, 088	92
	ABLE COST CENTERS						
. 00 09500 AMBULANC	E SERVI CES	1, 791, 665		1, 791, 66	5 0	1, 791, 665	95
1.00 10100 HOME HEA		9,073,533		9, 073, 53		9, 073, 533	
2. 00 10200 OPI OI D T		0			0		102
	E COST CENTERS				-		1.02
3. 00 11300 I NTEREST							113
6. 00 11600 HOSPI CE		8, 147, 790		8, 147, 79	0	8, 147, 790	
U. UUTIOUUTOSPICE	(see instructions)	297, 538, 776	0			8, 147, 790 297, 590, 604	
0.00 0				<u>, 747 538 //</u>	0 51828	747 540 b()4	1200
	· · · · · · · · · · · · · · · · · · ·		0				
1.00 Less Obs	ervation Beds er instructions)	1, 407, 454		1, 407, 45	4	1, 407, 454 296, 183, 150	201

COMPUTATI ON	OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Pre 5/30/2023 7:1	
			Titl	e XIX	Hospi tal	Cost	
	Cost Center Description	I npati ent	<u>Charges</u> Outpatient	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	I ENT ROUTI NE SERVI CE COST CENTERS						
	ADULTS & PEDIATRICS	114, 852, 510		114, 852, 51			30.0
	INTENSIVE CARE UNIT	23, 051, 522		23, 051, 52			31.0
	NEONATAL INTENSIVE CARE UNIT	19, 679, 933		19, 679, 93			35.0
	SUBPROVIDER - IRF	6, 216, 923		6, 216, 92			41.0
		4, 947, 013		4, 947, 01	3		43. (
	LARY SERVICE COST CENTERS	00 (04 701	220 052 475	210 727 1	0.0502/5	0,00000	1 50 (
	RECOVERY ROOM	89, 684, 701	230, 052, 475			0.00000	
	DELIVERY ROOM & LABOR ROOM	4, 640, 880 19, 319, 323	13, 002, 682 875, 122			0. 000000 0. 000000	
	RADI OLOGY-DI AGNOSTI C	26, 305, 110	875, 122 84, 022, 200			0. 000000	
	RADIOLOGY - THERAPEUTIC	4, 091, 547	84, 022, 200 10, 512, 341			0. 000000	
	RADIOLOGI - THERAPEOTIC	4, 091, 347	14, 375, 953			0. 000000	
	CARDIAC CATH LAB	42, 951, 097	37, 678, 075			0. 000000	
	CT SCAN	17, 978, 289	46, 157, 187			0. 000000	
8.00 05800		2, 908, 542	7, 965, 061			0. 000000	
	LABORATORY	58, 987, 505	76, 455, 781			0. 000000	
	RESPI RATORY THERAPY	24, 724, 636	5, 803, 423			0. 000000	
	PHYSI CAL THERAPY	8, 455, 001	22, 325, 073			0.000000	
	OCCUPATIONAL THERAPY	7, 229, 928	8, 133, 140			0. 000000	
	SPEECH PATHOLOGY	1, 759, 682	3, 699, 559			0. 000000	
	ELECTROCARDIOLOGY	13, 640, 087	26, 853, 100			0. 000000	
	ELECTROENCEPHALOGRAPHY	1, 160, 739	4, 115, 621			0. 000000	
	MEDICAL SUPPLIES CHARGED TO PATIENT	11, 349, 017	79, 425, 562			0. 000000	
	IMPL. DEV. CHARGED TO PATIENTS	40, 970, 179	2, 918, 579			0. 000000	
	DRUGS CHARGED TO PATIENTS	44, 931, 872	35, 406, 356			0. 000000	
	DI ABETES CENTER	609	4, 966			0. 000000	
	RENAL DI ALYSI S	2, 260, 713	1, 020, 357			0. 000000	
	ONCOLOGY	82, 879	25, 694, 953			0. 000000	
	ANTI COAGULATI ON	0	1,054,111			0.000000	
	I NFUSI ON SERVICES	0	4, 090, 891			0. 000000	
	HYPERBARI C OXYGEN THERAPY	0	0		0 0.000000	0.000000	
	ALLOGENEIC STEM CELL ACQUISITION	0	C		0 0.000000	0.000000	
	TIENT SERVICE COST CENTERS	-1					
	CLINIC	0	792, 510	792, 51	1. 602095	0. 000000	90.
	EMERGENCY	26, 460, 359	112, 619, 343			0.000000	
	WOUND CARE	0	809, 845			0.000000	
	OBSERVATION BEDS (NON-DISTINCT PART	0	25, 010, 251			0.000000	
	OBSERVATION BEDS (DISTINCT PART)	1, 771, 445	7, 097, 578			0.000000	
OTHER	REIMBURSABLE COST CENTERS						
	AMBULANCE SERVICES	0	C		0 0.000000	0. 000000	
01.00 10100	HOME HEALTH AGENCY	0	9, 208, 916	9, 208, 91	6		101.
02.00 10200	OPIOID TREATMENT PROGRAM	0	C		0		102.
SPECI	AL PURPOSE COST CENTERS						
13.0011300	INTEREST EXPENSE						113.
16.00 11600		0	86, 825, 200	86, 825, 20	00		116.
00.00	Subtotal (see instructions)	620, 412, 995	984, 006, 211	1, 604, 419, 20	06		200.
01.00	Less Observation Beds						201.
02.00	Total (see instructions)	620, 412, 995	984 006 211	1, 604, 419, 20	)6		202.

MPUTATION OF RATIO OF COSTS TO CHARGES		H LAFAYETTE Provi der CCN: 15-0109	In Lie Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared 5/30/2023 7:13 pm
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient Ratio 11.00			
INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
. 00 03000 ADULTS & PEDIATRICS				30.
. 00 03100 I NTENSI VE CARE UNI T				31.0
. 00 02060 NEONATAL INTENSIVE CARE UNIT				35.
. 00 04100 SUBPROVIDER - IRF				41.
. 00 04300 NURSERY				43.
ANCI LLARY SERVICE COST CENTERS				10. 1
. 00 05000 OPERATING ROOM	0.000000			50.
. 00 05100 RECOVERY ROOM	0. 000000			51.0
. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52.0
. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54.0
. 00 05500 RADI OLOGY - THERAPEUTI C	0. 000000			54.
. 00 05500 RADI 0L0GT - THERAPEUTIC	0. 000000			56.0
. 01 03950 CARDI AC CATH LAB	0. 000000			56.0
. 00 05700 CT SCAN	0. 000000			56.
. 00  05800 MRI	0. 000000			57.0
. 00  06000 LABORATORY	0. 000000			
				60.
	0. 000000			65.
	0. 000000			66.
. 00 06700 OCCUPATIONAL THERAPY	0. 000000			67.0
	0. 000000			68.0
. 00  06900  ELECTROCARDI OLOGY . 00  07000  ELECTROENCEPHALOGRAPHY	0. 000000			69.0
. 00 07000 ELECTROENCEPHALOGRAPHY . 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000 0. 000000			
	0. 000000			71.
				72.
. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000			73.
. 01 07301 DI ABETES CENTER	0. 000000			73.
. 00 07400 RENAL DI ALYSI S	0. 000000			74.0
. 00 03480 ONCOLOGY	0. 000000			76.
. 01 03952 ANTI COAGULATI ON	0. 000000			76.
. 02 03951 I NFUSI ON SERVI CES	0. 000000			76.
. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000			76.
. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000			77.
	0.000000			
. 00 09000 CLINIC	0. 000000			90.
	0. 000000			91.0
. 01 04950 WOUND CARE	0. 000000			91.0
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			92.
. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0. 000000			92.
	0.000000			
. 00 09500 AMBULANCE SERVICES	0. 000000			95.0
1.00 10100 HOME HEALTH AGENCY				101.
2. 00 10200 OPI OI D TREATMENT PROGRAM SPECI AL PURPOSE COST CENTERS				102. 0
3. 00 11300 I NTEREST EXPENSE				113.0
6. 00 11600 HOSPICE				113.0
0.00 Subtotal (see instructions)				200.
1.00 Less Observation Beds				200. 0
				201.1

Health Financial Systems	FRANCI SCAN HEAI	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Period: From 01/01/2022 To 12/31/2022		pared: 3 pm
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	8, 377, 111	0	8, 377, 11	1 32, 745	255.83	30.00
31.00 INTENSIVE CARE UNIT	992, 084		992, 08			
35.00 NEONATAL INTENSIVE CARE UNIT	545, 212		545, 21	2 3, 378	161.40	35.00
41.00 SUBPROVIDER – IRF	945, 318	0	945, 31	8 2, 534	373.05	41.00
43. 00 NURSERY	29, 434		29, 43	4 2, 917	10.09	43.00
200.00 Total (lines 30 through 199)	10, 889, 159		10, 889, 15	9 46, 167		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS	_					
30. 00 ADULTS & PEDIATRICS	11, 359					30.00
31.00 INTENSIVE CARE UNIT	1, 583	341, 928				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	, v				35.00
41. 00 SUBPROVIDER - IRF	1, 250	466, 313	5			41.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	14, 192	3, 714, 214				200.00

Health Financial Systems	FRANCI SCAN HEA	LTH_LAFAYETTE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provider C	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022		pared: 3 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS			1			
50. 00 05000 OPERATI NG ROOM	2, 435, 505					•
51.00 05100 RECOVERY ROOM	183, 900				16, 210	•
52.00 05200 DELIVERY ROOM & LABOR ROOM	87, 073					
54.00 05400 RADI OLOGY-DI AGNOSTI C	1, 463, 373					•
55. 00 05500 RADI OLOGY - THERAPEUTI C	247, 128					
56. 00 05600 RADI OI SOTOPE	23, 169	14, 376, 907	0.0016	12 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	846, 613	80, 629, 172	0. 01050	16, 232, 523	170, 441	56.01
57.00 05700 CT SCAN	137, 709	64, 135, 476	0.00214	6, 607, 706	14, 187	57.00
58. 00 05800 MRI	89, 846	10, 873, 603	0.00820			58.00
60. 00 06000 LABORATORY	580, 534	135, 443, 286	0.00428	20, 005, 817	85, 745	60.00
65. 00 06500 RESPI RATORY THERAPY	268, 748	30, 528, 059	0.00880		73, 068	65.00
66. 00 06600 PHYSI CAL THERAPY	226, 670	30, 780, 074	0.00736	2, 531, 464	18, 642	66.00
67.00 06700 OCCUPATI ONAL THERAPY	54, 604	15, 363, 068	0.0035	2, 148, 418	7,635	67.00
68.00 06800 SPEECH PATHOLOGY	27, 530	5, 459, 241	0.00504	388, 187	1, 958	68.00
69.00 06900 ELECTROCARDI OLOGY	682, 342					
70.00 07000 ELECTROENCEPHALOGRAPHY	320, 322					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	274, 201					
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	191, 075					•
73.00 07300 DRUGS CHARGED TO PATIENTS	943, 400					
73. 01 07301 DI ABETES CENTER	13, 775				472	•
74. 00 07400 RENAL DI ALYSI S	120, 286					
76. 00 03480 ONCOLOGY	244, 796					•
76. 01 03952 ANTI COAGULATI ON	8,630					•
76. 02 03951 I NFUSI ON SERVICES	20, 544					•
76. 98 07698 HYPERBARI C OXYGEN THERAPY	20,011		1			
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0					
OUTPATIENT SERVICE COST CENTERS			0.00000			//.00
90. 00 09000 CLINIC	22, 904	792, 510	0. 02890	01 0	0	90.00
91. 00 09100 EMERGENCY	2, 638, 012				-	
91. 01 04950 WOUND CARE	968, 833					
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	194, 686					
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	497, 347				-	
OTHER REIMBURSABLE COST CENTERS	497,347	0,009,023	0.0560	1,200,077	12,097	72.01
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	12 012 555	1, 339, 637, 189		158, 844, 373	1, 597, 554	
200.00 TIOLAI (TITIES SU LITUUGIT 199)	13, 013, 555	1, 337, 037, 189	1	100, 044, 373	1, 397, 554	∠00. 00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OT	HER PASS THROUGH COST			Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments	Nursing Program	Allied Health Post-Stepdowr Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATI ENT ROUTINE SERVICE COST CENTERS           30.00         03000         ADULTS & PEDIATRICS           31.00         03100         INTENSIVE CARE UNIT           35.00         02060         NEONATAL INTENSIVE CARE UNIT           41.00         04100         SUBPROVIDER - IRF           43.00         04300         NURSERY           200.00         Total (lines 30 through 199)           Cost Center Description	0 0 0 0 0 0 0 0 0 0 0 0 0	5, 408, 692 0 0 0 5, 408, 692 Total Costs		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	31.00 35.00 41.00
	Adjustment Amount (see	(sum of cols. 1 through 3, <u>minus col. 4)</u> 5.00	Days 6. 00	5 ÷ col . 6)	Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			1	Т		
30. 00       03000       ADULTS & PEDIATRICS         31. 00       03100       INTENSIVE CARE UNIT         35. 00       02060       NEONATAL INTENSIVE CARE UNIT         41. 00       04100       SUBPROVIDER - IRF         43. 00       04300       NURSERY         200. 00       Total (lines 30 through 199)	0	5, 408, 692 0 0 0 0 5, 408, 692	4, 59 3, 37 2, 53 2, 91	3 0.00 8 0.00 4 0.00 7 0.00	1, 583 0 1, 250 0	31.00 35.00 41.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00	3, 400, 072	1 40, 10	/ <u> </u>	14, 172	
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         03000         ADULTS & PEDI ATRI CS           31.00         03100         INTENSI VE CARE UNI T           35.00         02060         NEONATAL INTENSI VE CARE UNI T           41.00         04100         SUBPROVI DER - IRF           43.00         04300         NURSERY           200.00         Total (lines 30 through 199)	1, 876, 280 0 0 0 0 1, 876, 280					30. 00 31. 00 35. 00 41. 00 43. 00 200. 00

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	6 Provider C	CN: 15-0109	Peri od:	Worksheet D	
HROUC	GH COSTS				From 01/01/2022 To 12/31/2022		pare
					10 12/01/2022	5/30/2023 7:1	3 pm
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
		Anestheti st	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
		1.00	Adjustments	0.00		0.00	
	ANCILLADY SEDVICE COST CENTEDS	1.00	2A	2.00	3A	3.00	-
0.00	ANCI LLARY SERVI CE COST CENTERS	0	0		0 0	0	50.
1.00	05100 RECOVERY ROOM	0	0		0 0		
2.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				
4.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				
5.00	05500 RADI OLOGY - THERAPEUTI C	0	0				
6.00	05600 RADI OLOGT - THERAFEOTTC	0	0				56.
6.00	03950 CARDI AC CATH LAB	0	0				56.
7.00	05700 CT SCAN	0	0				57.
8.00	05800 MRI	0	0				
D. 00	06000 LABORATORY	0	0				60.
5.00	06500 RESPIRATORY THERAPY	0	0				
6.00	06600 PHYSI CAL THERAPY	0	0				66.
7.00	06700 OCCUPATI ONAL THERAPY	0	0				
8.00	06800 SPEECH PATHOLOGY	0	0				
9.00	06900 ELECTROCARDI OLOGY	0	0				
0.00	07000 ELECTROENCEPHALOGRAPHY	0	0				
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				
3.00	07300 DRUGS CHARGED TO PATIENTS	0	0				
3.00	07301 DI ABETES CENTER	0	0			0,,,200	
	07400 RENAL DI ALYSI S	0	0			· · · · · ·	
4.00 6.00		0	0			0	
	03480 ONCOLOGY 03952 ANTI COAGULATI ON	0	0				
6.01		0	0			-	1
6.02	03951 I NFUSI ON SERVICES 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0		
6.98 7.00		0	0				
7.00	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0		<u> </u>	<u> </u>	_ //.
0. 00	09000 CLINIC	0	0		0 0	0	90.
1.00	09100 EMERGENCY	0	-		-	-	1
	04950 WOUND CARE		0				
1.01 2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	125, 6	-	0	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	125,0	0 C		
∠. ∪⊺	OTHER REIMBURSABLE COST CENTERS	0	0		U U	ν <u>υ</u> 0	1 92.
5 00	09500 AMBULANCE SERVICES						OF
5.00 00.00		0	0	125, 6	598 C		95. 200.

APPORT ONLENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS         Provider CON. 15-0109         Period. Period. To 72/31/2022         Period. To 72/31/202	Health Financial Systems	FRANCI SCAN HEAI	LTH LAFAYETTE		In Lie	eu of Form CMS-:	2552-10
THROUGH COSTS         From 01/01/2022 Part IV D1/01/2022 Part IV D1/01/202 Part IV D1/01/2022 Part IV D1/01/2020 P				CN: 15-0109			
Cost Center Description         All Other Education Cost Education Cost Educati					From 01/01/2022	Part IV	
Cost Center Description         All ofter         Total Cost (sum of cols. blucation Cost         Total Cost (sum of cols. 4.)         Hospital         Prosi- to Charges (see instructions)           ANCILLARY SERVICE COST CENTERS					To 12/31/2022		
Cost Center Description         All Other Medication Cost Education Cost         Total (sum of cols, education Cost)         Total (sum of cols, education Cost)         Total (sum of cols, education Cost)         Total (sum of cols, education Cost)         Total (sum of cost (sum of cost)         Ratio of Cost (sum of cost)         Ratio of (sot)           4.00         5.00         6.00         7.0         8.00           50.00         05000 (DERATING ROOM ADD (LARY NERVICE COST CENTERS)         0         0         0         0.00         0.0000         51.00           50.00         05200 (DERLIVERY ROOM ADD (LARY NERVICE)         0         0         0         0.00000         51.00           51.00         05500 (RADI LOGY - NARMSTIC)         0         0         0         14.437,6 907         0.000000         55.00           56.00         05600 RADI LOGY - THERAPEUTIC         0         0         0         14.437,6 907         0.000000         55.00           56.01         05600 MRI         0         0         0         0.0135,443,285         0.000000         55.00           57.00         05000 MRI         0         0         0         14.432,850         0.000000         55.00           56.01         05600 MRI         0         0         0         15.35,76         0.0							3 pm
Medical Education Cost         (sum of cols, 4)         Outpatient cols, 2, 3, and 4)         (from Wkst, C, els, 1, col, 5 + col, 8)         (col, 5 + col, 8)         (col, 5 + col, 8)           ANCILLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50:00         05000 (PERATING ROOM         0         0         319, 737, 176         0.0000000         50.00           51:00         05100 (PECAVING ROOM         0         0         17, 643, 562         0.000000         51.00           52:00         05200 Ratio LIGKY - HIRRAPUTIC         0         0         110, 327, 310         0.000000         52.00           54:00         05400 Ratio LIGKY - HIRRAPUTIC         0         0         110, 327, 310         0.000000         55.00           56:00         05600 RADIO LIGKY - HIRRAPUTIC         0         0         0         14, 36, 907         0.000000         56.00           56:00         05600 RADIO LIGKY - HIRRAPUTIC         0         0         0         14, 336, 907         0.000000         56.00           57:00         05700 CT SCAN         0         0         0         135, 432, 286         0.000000         58.00           66:00         06400 PHSTICAL THERAPY         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Education Cost (1)         1, 2, 3, and (2)         Cost (sum of (see)         Part I, col. (see)         (col. 5, -3c), (see)           4.00         5.00         6.00         7.00         8.00         7.00           50.00         05000 (PERATING ROM 05000 (PERATING ROM 0000 (PECVEPK POM 0 0000 (PECVEPK POM 0 0000 (PECVEPK POM 0 0000 (PECVEPK POM 0 00000 (PECVEPK POM 0 00000000000000 (PECVEPK POM 0 000000 (PECVEPK POM 0 0000000	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
A)         col s. 2, 3, and 4)         B)         7, (see instructions)           50.00         6.00         7.00         8.00           50.00         05000         0FRATING ROM         0         0         0         319, 737, 176         0.000000         50.00           51.00         05100         PECOVERY ROM         0         0         0         17, 643, 562         0.000000         51.00           52.00         05200         DELIVERY ROM & LABOR ROM         0         0         0         17, 643, 562         0.000000         52.00           55.00         05300         PAU LOCY - THERAPEUTIC         0         0         0         14, 633, 888         0.000000         56.00           56.00         05500         RADI LOCY - THERAPEUTIC         0         0         0         14, 633, 888         0.000000         57.00           57.00         05500         RADI LOCY - THERAPEUTIC         0         0         0         14, 4376, 907         0.000000         56.01           56.01         03950 CABDI AC CATH LAB         0         0         0         16, 41, 35, 470         0.000000         57.00           57.00         05700 CTSCAO         0         0         16, 33, 563         0.0000		Medi cal	(sum of cols.	Outpati ent			
ANCILLEARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           50.00         05000         OPERATING ROOM         0         0         0         319, 737, 176         0.000000         50.00           50.00         05100         PECOVERY ROOM         0         0         0         0         17, 643, 562         0.000000         51.00           52.00         05200         DELIVERY ROOM         ALBOR ROOM         0         0         0         17, 643, 562         0.000000         54.00           55.00         D5400 RADILOGY - THERAPEUTIC         0         0         0         14, 603, 888         0.000000         56.00           56.00         D5600 RADI OLOGY - THERAPEUTIC         0         0         0         14, 463, 888         0.000000         56.00           56.00         D5600 CARDIA CLORY - THERAPEUTIC         0         0         0         14, 463, 888         0.000000         56.00           56.00         D5600 CARDIA CLORY - THERAPEUTIC         0         0         0         0.872, 673         0.000000         56.00           57.00         CSCAN         0         0         0         0.873, 674         0.00000         66.00         66.00		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
ANCILLARY SERVICE COST CENTERS         4.00         5.00         6.00         7.00         8.00           NACILLARY SERVICE COST CENTERS         0         0         0         139, 737, 176         0.000000         50.00           50.00         05500 OPERATI NG ROM         0         0         139, 737, 176         0.000000         51.00           52.00         05200 DELIVERY ROOM         0         0         0         110, 327, 310         0.000000         52.00           54.00         05400 RADIOLOGY - J AGNOSTIC         0         0         0         14, 463, 888         0.000000         55.00           56.00         05600 RADIO ISTOPE         0         0         0         14, 476, 907         0.00000         56.01           57.00         05700 CTSCAN         0         0         0         14, 476, 0.000000         56.01           57.00         05700 CTSCAN         0         0         0         135, 443, 266         0.000000         56.01           58.00         05600 IMRI         0         0         0         135, 443, 266         0.00000         66.00           66.00         06600 PHYSICAL THERAPY         0         0         30, 780, 074         0.000000         66.00			4)	cols. 2, 3,	8)	7)	
4.00         5.00         6.00         7.00         8.00           50.00         05000         0FERATING ROOM         0         0         319,737,176         0.00000         50.00           51.00         05100         RECOVERY ROOM         0         0         0         0         0         0.00000         51.00           52.00         DELIVERY ROOM         LABOR ROOM         0         0         0         0         0         0         0.00000         51.00           54.00         DS200 RADILOGY -DI AGNOSTIC         0         0         0         114,603,888         0.000000         55.00           55.00         DS500 RADI ALOGY - THERAPEUTIC         0         0         0         14,603,888         0.000000         56.00           56.00         DS500 CARDI AC CATH LAB         0         0         0         0         0         64,135,476         0.000000         56.00           57.00         DS700 CT SCAN         0         0         0         0         10,83,443,286         0.000000         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00				and 4)		(see	
ANCI LLARY SERVICE COST CENTERS         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>instructions)</td><td></td></t<>						instructions)	
50.         0         0         0         0         319, 737, 176         0.000000         50.00           51.00         05100         RECOVERY ROM         0         0         17, 643, 552         0.000000         51.00           52.00         DS200         DELIVERY ROM         0         0         0         10.00, 610, 000000         52.00           54.00         DS400         RADI OLGY-DI AGNOSTI C         0         0         0         114, 633, 888         0.000000         55.00           55.00         DS500         CATH CA         0         0         0         14, 4376, 907         0.000000         56.00           56.00         DS500         CATH LAB         0         0         0         0         64, 135, 476         0.000000         56.00           57.00         DS700         CT SCAN         0         0         0         10, 873, 603         0.000000         56.00         58.00         0.000000         58.00         0.000000         58.00         0.000000         58.00         0.000000         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00		4.00	5.00	6.00	7.00	8.00	
51.00       ISTOQ RECOVERY ROOM       0       0       17, 643, 562       0.000000       52, 00         52.00       ISZOQ DELLIVERY ROOM & LABOR ROOM       0       0       20, 194, 445       0.000000       52, 00         54.00       ISZOQ RADI OLOGY-DI AGNOSTI C       0       0       0       110, 327, 310       0.000000       52, 00         55.00       ISZOQ RADI OLOGY - THERAPEUTI C       0       0       14, 603, 888       0.000000       56, 00         56.00       ISGOQ RADI OLOGY - THERAPEUTI C       0       0       14, 436, 907       0.000000       56, 00         56.01       ISGOQ RADI OLOGY - THERAPEUTI C       0       0       0       14, 433, 690       0.000000       56, 00         57.00       ISZOQ CATSAN       0       0       0       643, 547, 603       0.000000       56, 00         66.00       ISSOQ MRI       0       0       0       30, 528, 059       0.000000       56, 00         66.00       ISSOQ RESPI RATORY THERAPY       0       0       0       33, 528, 059       0.000000       67, 00         66.00       ISSOQ RESPI RATORY THERAPY       0       0       0       53, 068       0.000000       67, 00         66.00       ISSOQ RE	ANCI LLARY SERVICE COST CENTERS						
51.00       ISTOQ RECOVERY ROOM       0       0       17, 643, 562       0.000000       52, 00         52.00       ISZOQ DELLIVERY ROOM & LABOR ROOM       0       0       20, 194, 445       0.000000       52, 00         54.00       ISZOQ RADI OLOGY-DI AGNOSTI C       0       0       0       110, 327, 310       0.000000       52, 00         55.00       ISZOQ RADI OLOGY - THERAPEUTI C       0       0       14, 603, 888       0.000000       56, 00         56.00       ISGOQ RADI OLOGY - THERAPEUTI C       0       0       14, 436, 907       0.000000       56, 00         56.01       ISGOQ RADI OLOGY - THERAPEUTI C       0       0       0       14, 433, 690       0.000000       56, 00         57.00       ISZOQ CATSAN       0       0       0       643, 547, 603       0.000000       56, 00         66.00       ISSOQ MRI       0       0       0       30, 528, 059       0.000000       56, 00         66.00       ISSOQ RESPI RATORY THERAPY       0       0       0       33, 528, 059       0.000000       67, 00         66.00       ISSOQ RESPI RATORY THERAPY       0       0       0       53, 068       0.000000       67, 00         66.00       ISSOQ RE	50. 00 05000 OPERATI NG ROOM	0	0		0 319, 737, 176	0.00000	50.00
52.00         OS200         DELIVERY ROM & LABOR ROM         0         0         20.194,445         0.000000         52.00           54.00         05400 RADIOLOGY-DIAGNOSTI C         0         0         110,327,310         0.000000         54.00           55.00         05500 RADIOLOGY - THERAPEUTI C         0         0         14,603,888         0.000000         56.00           66.00         05500 RADIOLOGY - THERAPEUTI C         0         0         14,603,888         0.000000         56.00           56.01         0350 CARDIA CATH LAB         0         0         0.86,29,172         0.000000         56.00           57.00         05700 CT SCAN         0         0         0         16,373,603         0.000000         58.00           68.00         06000 LABORATORY         0         0         0         135,443,286         0.000000         66.00           66.00         06000 PHYSICAL THERAPY         0         0         0         30,528,059         0.000000         66.00           66.00         06000 SPECH PHATOLOGY         0         0         15,363,068         0.000000         67.00           67.00         05200 CUPATI ONAL THERAPY         0         0         0         5,459,241         0.000000 <td></td> <td>0</td> <td>0</td> <td></td> <td>0 17, 643, 562</td> <td>0. 000000</td> <td>51.00</td>		0	0		0 17, 643, 562	0. 000000	51.00
54.00       05400       RADI OLOGY-JI AGNOSTI C       0       0       110, 327, 310       0.000000       54.00         55.00       05500       RADI OLOGY - THERAPEUTI C       0       0       14, 603, 888       0.000000       55.00         56.00       03500       RADI OLOGY - THERAPEUTI C       0       0       14, 376, 907       0.000000       56.00         57.00       05700 CT SCAN       0       0       0       64, 135, 476       0.000000       57.00         57.00       05700 CT SCAN       0       0       0       10, 873, 603       0.000000       58.00         65.00       06800 MRI       0       0       0       135, 443, 286       0.000000       66.00         65.00       06500 RESPI RATORY THERAPY       0       0       0       30, 528, 059       0.000000       67.00         66.00       06600 RESPI RATORY THERAPY       0       0       0       30, 780, 074       0.000000       67.00         67.00       06700 CULPATI DNAL THERAPY       0       0       0       5, 459, 241       0.000000       67.00         68.00       06800 SPECH PATHOLOGY       0       0       5, 459, 241       0.000000       71.00         71.00		0	0				52.00
55 00       NADIOLOGY - THERAPEUTIC       0       0       14, 603, 888       0.000000       55. 00         56. 00       05600       RADIOLOGY - THERAPEUTIC       0       0       14, 376, 907       0.000000       56. 00         57. 00       05700       CT SCAN       0       0       0       0, 875, 247, 148       0.000000       56. 00         58. 00       SB00 MRI       0       0       0       0, 873, 633       0.000000       58. 00         60. 00       06000       LABORATORY       0       0       0       135, 443, 286       0.000000       65. 00         65. 00       06500       RESPI RATORY THERAPY       0       0       0       30, 528, 659       0.000000       65. 00         66. 00       06600       PHYSI CAL THERAPY       0       0       0       30, 780, 074       0.000000       66. 00         67. 00       05000       ELECTROCARDI OLOGY       0       0       0       54. 59, 241       0.000000       68. 00         69. 00       06000       ELECTROCARDI OLOGY       0       0       52. 76, 630       0.000000       71. 00         71. 00       07100       ILECTROCARDI OLOGY       0       0       90, 774, 579       <		0	0				
56.00       0560       RADI OI SOTOPE       0       0       14, 376, 907       0.000000       56.01         56.01       03950       CARDI AC CATH LAB       0       0       0       80, 629, 172       0.000000       56.01         57.00       05700       CT SCAN       0       0       0       164, 135, 476       0.000000       57.00         58.00       05800       MRI       0       0       0       135, 443, 286       0.000000       65.00         60.00       06000       LABORATORY       0       0       0       30, 528, 059       0.000000       65.00         66.00       06500       RESPI RATORY THERAPY       0       0       0       30, 780, 074       0.000000       66.00         67.00       6700       0500       0       0       15, 353, 068       0.000000       67.00         68.00       PEECH PATHOLOGY       0       0       0       15, 353, 068       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0       5, 575       0.000000       71.00         71.00       OTOO       ELECTROCARDI OLOGY       0       0       0       5, 575       0.000000 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0				
56. 01       03950       CARDI AC CATH LAB       0       0       80, 629, 172       0.000000       56. 01         57. 00       05700       CT SCAN       0       0       64, 135, 476       0.000000       58. 00         68.00       05800       MRI       0       0       0       10, 873, 603       0.000000       65. 00         60.00       06000       LABORATORY       0       0       0       135, 443, 286       0.000000       65. 00         66.00       06500       PESPI RATORY THERAPY       0       0       0       30, 580, 074       0.000000       66. 00         67.00       06700       0CUPATI ONAL THERAPY       0       0       0       5, 559, 241       0.000000       68. 00         68.00       6800       6800       6800       592.64       0.000000       68. 00       69. 00       0       5, 475, 241       0.000000       69. 00       0       0       0       70. 00       0.000000       69. 00       0       0       0       0       0       70. 00       70. 00       0       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00       70. 00		0					
57.00       65700       CT SCAN       0       0       64, 135, 476       0.000000       57.00         58.00       05800       MRI       0       0       0       10, 873, 603       0.000000       66.00         65.00       06500       LABORATORY       0       0       0       30, 528, 059       0.000000       66.00         65.00       06500       PKST (AL THERAPY       0       0       30, 780, 074       0.000000       66.00         67.00       06700       OCUPATI ONAL THERAPY       0       0       0       15, 363, 068       0.000000       67.00         68.00       06600       ELECTROCARDI OLOGY       0       0       0       5, 459, 241       0.000000       68.00         69.00       6900       ELECTROEACENDI LOGY       0       0       0       5, 276, 360       0.000000       70.00         71.00       07100       MELCARNED TO PATI ENTS       0       0       0       5, 575       0.000000       72.00         73.01       07300       DRUSS CHARGED TO PATI ENTS       0       0       0       5, 575       0.000000       73.00         74.00       07400       RENAL DI ALYSI S       0       0       0		0	0				
58.00       05800       MRI       0       0       10, 873, 603       0.00000       58.00         60.00       06000       LABORATORY       0       0       135, 443, 286       0.000000       60.00         65.00       05500       RESPIRATORY THERAPY       0       0       0       30, 780, 074       0.000000       66.00         66.00       06600       PHYSI CAL THERAPY       0       0       0       30, 780, 074       0.000000       66.00         67.00       06700       OCUPATI ONAL THERAPY       0       0       0       5, 459, 241       0.000000       67.00         69.00       06900       ELECTROCARDI OLOGY       0       0       0       5, 459, 241       0.000000       69.00         70.00       07000       ELECTROCARDI OLOGY       0       0       0       5, 459, 241       0.000000       71.00         71.00       07100       MEDLA SUPPLIES CHARGED TO PATIENTS       0       0       0       43, 888, 758       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       5, 575       0.000000       73.00         74.00       07400       RNAL DI ALYSI S       0		0	0				
60.00         06000         LABORATORY         0         0         135, 443, 286         0.000000         60.00           65.00         06500         RESPI RATORY THERAPY         0         0         30, 528, 059         0.000000         65.00           66.00         06500         CULL THERAPY         0         0         30, 780, 074         0.000000         65.00           67.00         06700         CCUPATI ONAL THERAPY         0         0         0         533, 068         0.000000         67.00           68.00         06800         SPECH PATHOLOGY         0         0         0         44, 493, 187         0.000000         68.00           69.00         06000         ELECTROENCERPIALOGRAPHY         0         0         0         44, 493, 187         0.000000         70.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0         0         43, 888, 758         0.000000         71.00           72.00         772.00         JPZL EV         CHARGED TO PATI ENTS         0         399, 203         399, 203         80, 338, 228         0.004969         73.00           73.01         DT3ABETES CENTER         0         0         0         399, 203         399, 203		0	0				
65:00       06500       RESPI RATORY THERAPY       0       0       30, 528, 059       0.000000       65:00         66:00       066:00       0       30, 780, 074       0.000000       66:00         67:00       06:00       0       0       0       0       30, 780, 074       0.000000       66:00         68:00       06:00       0       15, 363, 068       0.000000       67:00       0       0       15, 363, 068       0.000000       68:00         69:00       0:0000       ELCTROCARDIOLOGY       0       0       0       5, 276, 360       0.000000       69:00         70:00       07000       ELCTROENCEPHALCORAPHY       0       0       0       5, 276, 360       0.000000       71:00         71:00       07100       MPL: DEV. CHARGED TO PATIENTS       0       0       43, 888, 758       0.000000       72:00         73:00       07300       DRUSC SHARGED TO PATIENTS       0       30, 3281, 070       0.000000       73:00         74:00       07400       RENAL DI ALYSIS       0       0       0       25:775       0.000000       74:00         76:01       03482       ONCLOCY       0       0       0       0       0.000000 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>		0	0				
66.00       06600       PHYSI CAL THERAPY       0       0       30, 780, 074       0.000000       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0       0       15, 363, 068       0.000000       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       5, 459, 241       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       40, 493, 187       0.000000       69.00         70.00       OTOOD       ELECTROENCEPHALOGRAPHY       0       0       5, 276, 360       0.000000       71.00         71.00       OT200 I MPL. DEV. CHARGED TO PATI ENTS       0       0       43, 888, 758       0.000000       72.00         73.01       07300       DRUGS CHARGED TO PATI ENTS       0       0       5,575       0.000000       73.00         73.01       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       5,575       0.000000       74.00       0.000000       74.00       0       0       0       5,575       0.000000       74.00       0.000000       74.00       0.000000       76.01       0       0       0       0       0.000000       76.01       0       0 <td< td=""><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td></td<>		0					
67.00       06700       OCCUPATI ONAL THERAPY       0       0       15, 363, 068       0.000000       67.00         68.00       06800       SPEECH PATHOLOGY       0       0       5, 459, 241       0.000000       68.00         69.00       0000       ELECTROCARDIOLOGY       0       0       40, 493, 187       0.000000       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       5, 276, 360       0.000000       71.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       90, 774, 579       0.000000       72.00         73.00       07300       RUGS CHARGED TO PATI ENTS       0       399, 203       80, 338, 228       0.004969       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       3, 281, 070       0.000000       74.00         76.01       03952       ANTI COAGULATI ON       0       0       0       1, 054, 111       0.000000       76.00         76.02       03951       INFUSI ON SERVI CES       0       0       0       0       0.000000       76.02         76.02       03951       INFUSI ON SERVI CES       0       0       0 <td< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td></td<>		0	0				
68.00       06800       SPEECH PATHOLOGY       0       0       5, 459, 241       0.000000       68.00         69.00       06900       ELECTROCARDI OLOGY       0       0       40, 493, 187       0.000000       69.00         70.00       0700       ELECTROCACPI ALAGRAPHY       0       0       0       5, 276, 360       0.000000       70.00         71.00       OT100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       90, 774, 579       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       399, 203       399, 203       80, 338, 228       0.004969       73.00         73.01       07300       DRUGS CHARGED TO PATIENTS       0       0       0       5, 575       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       3, 281, 070       0.000000       74.00         76.01       03952       ANTI COAGULATI ON       0       0       0       4, 090, 891       0.000000       76.02         76.02       03951       INFUSI ON SERVICES       0       0       0       0       0.000000       76.02         76.02       03951       INFUSI ON SERVICES		0	0				
69.00       06900       ELECTROCARDI OLOGY       0       0       40, 493, 187       0.000000       69.00         70.00       07000       ELECTROCRCEPHALOGRAPHY       0       0       0       5,276, 360       0.000000       70.00         71.00       OTOO       ELECTROENCEPHALOGRAPHY       0       0       0       5,276, 360       0.000000       70.00         72.00       OTZOO       IMPL. DEV. CHARGED TO PATI ENTS       0       0       043, 887, 758       0.000000       73.00         73.00       OT300       DRUGS CHARGED TO PATI ENTS       0       399, 203       399, 203       80, 338, 228       0.004969       73.00         74.00       OT400       RENAL DI ALYSI S       0       0       0       3, 281, 070       0.000000       74.00         76.00       03952       ANTI COAGULATI ON       0       0       0       25, 777, 832       0.000000       76.01         70.00       G3952       ANTI COAGULATI ON       0       0       0       0, 000000       76.02         70.00       OTOO       0       0       0       0       0       0       0.000000       76.02         70.00       OTOO       0       0       0		0	0				
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       5,276,360       0.000000       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0       0       90,774,579       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       43,888,758       0.000000       72.00         73.00       DRUGS CHARGED TO PATI ENTS       0       0       0       5,575       0.000000       73.01         74.00       07300       RENAL DI ALYSI S       0       0       0       3,281,070       0.000000       74.00         76.00       03480       ONCOLOGY       0       0       0       25,777,832       0.000000       76.00         76.00       03952       ANTI COAGULATI ON       0       0       0       1,054,111       0.000000       76.02         76.02       03951       INFUSION SERVI CES       0       0       0       0       0.000000       76.02         77.00       07000       ALIGENTRE       0       0       0       0       0.000000       76.02         77.00       07000       ALIGENT CE COST CENTERS       0       0       0       0 <td></td> <td>0</td> <td>0</td> <td></td> <td>5, 459, 241</td> <td>0. 000000</td> <td>68.00</td>		0	0		5, 459, 241	0. 000000	68.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       90, 774, 579       0.000000       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       43, 888, 758       0.000000       72.00         73.00       07300       DIAGES CHARGED TO PATIENTS       0       399, 203       399, 203       80, 338, 228       0.004969       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       5, 575       0.000000       74.00         74.00       07400       RENAL DI ALYSI S       0       0       0       3, 281, 070       0.000000       74.00         76.00       03480       0NCOLOGY       0       0       0       25, 777, 832       0.000000       76.00         76.01       03951       INFUSI ON SERVICES       0       0       0       1, 054, 111       0.000000       76.02         76.02       03951       INFUSI ON SERVICES       0       0       0       0       0.000000       76.02         70.00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0       0.000000       77.00         01.00       09100       EMERGENCY </td <td>69. 00 06900 ELECTROCARDI OLOGY</td> <td>0</td> <td>0</td> <td></td> <td>0 40, 493, 187</td> <td>0.000000</td> <td>69.00</td>	69. 00 06900 ELECTROCARDI OLOGY	0	0		0 40, 493, 187	0.000000	69.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       43,888,758       0.000000       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       399,203       399,203       80,338,228       0.004969       73.00         73.01       07301       DIABETES CENTER       0       0       0       5,575       0.000000       73.01         74.00       07400       RENAL DIALYSIS       0       0       0       3,281,070       0.000000       74.00         76.00       03480       ONCOLOGY       0       0       0       25,777,832       0.000000       76.01         76.02       03951       INFUSION SERVICES       0       0       0       1,054,111       0.000000       76.02         76.98       07698       HYPERBARIC OXYGEN THERAPY       0       0       0       0.000000       76.98         70.00       DUTPATIENT SERVICE COST CENTERS       0       0       0       0.000000       76.98         90.00       OP000       CLINIC       0       0       0       0       0.000000       70.09         91.01       04950       WOUND CARE       0       0       0       0       0.001479 <td>70.00 07000 ELECTROENCEPHALOGRAPHY</td> <td>0</td> <td>0</td> <td></td> <td>5, 276, 360</td> <td>0.000000</td> <td>70.00</td>	70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		5, 276, 360	0.000000	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       0       399, 203       399, 203       399, 203       80, 338, 228       0.004969       73.00         73.01       07301       DLABETES CENTER       0       0       0       5, 575       0.000000       73.01         74.00       07400       RENAL DLALYSIS       0       0       0       3, 281, 070       0.000000       74.00         76.00       03480       0NCOLOGY       0       0       0       25, 777, 832       0.000000       76.00         76.01       03952       ANTI COAGULATI ON       0       0       0       1, 054, 111       0.000000       76.02         76.02       03951       INFUSI ON SERVICES       0       0       0       0       0.000000       76.02         76.98       07508       HYPERBARI C 0XYGEN THERAPY       0       0       0       0.000000       76.98         77.00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       77.00         01.00       09000       CLI NI C       0       0       0       0.000000       90.00         91.00       09000       CLI NI C       0       0       0 <td>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT</td> <td>0</td> <td>0</td> <td></td> <td>90, 774, 579</td> <td>0.000000</td> <td>71.00</td>	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		90, 774, 579	0.000000	71.00
73.01       07301       DI ABETES CENTER       0       0       5,575       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       3,281,070       0.000000       74.00         76.00       03480       ONCOLOGY       0       0       0       25,777,832       0.000000       76.00         76.01       03952       ANTI COAGULATI ON       0       0       0       1,054,111       0.000000       76.01         76.02       03951       INFUSI ON SERVICES       0       0       0       4,090,891       0.000000       76.02         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       76.98         77.00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       77.00         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0.001479       91.00         90.00       09000       CLI NI C       0       0       0       0       0.001479       91.00         91.01       04950       WOUND CARE       0       0       0       0       0.000000       92.00 </td <td>72.00 07200 IMPL. DEV. CHARGED TO PATIENTS</td> <td>0</td> <td>0</td> <td></td> <td>43, 888, 758</td> <td>0.000000</td> <td>72.00</td>	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		43, 888, 758	0.000000	72.00
73.01       07301       DI ABETES CENTER       0       0       5,575       0.000000       73.01         74.00       07400       RENAL DI ALYSI S       0       0       0       3,281,070       0.000000       74.00         76.00       03480       ONCOLOGY       0       0       0       25,777,832       0.000000       76.00         76.01       03952       ANTI COAGULATI ON       0       0       0       1,054,111       0.000000       76.01         76.02       03951       INFUSI ON SERVICES       0       0       0       4,090,891       0.000000       76.02         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       76.98         77.00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       77.00         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0.001479       91.00         90.00       09000       CLI NI C       0       0       0       0       0.001479       91.00         91.01       04950       WOUND CARE       0       0       0       0       0.000000       92.00 </td <td>73.00 07300 DRUGS CHARGED TO PATIENTS</td> <td>0</td> <td>399, 203</td> <td>399, 20</td> <td>3 80, 338, 228</td> <td>0.004969</td> <td>73.00</td>	73.00 07300 DRUGS CHARGED TO PATIENTS	0	399, 203	399, 20	3 80, 338, 228	0.004969	73.00
74.00       07400       RENAL DI ALYSI S       0       0       3, 281, 070       0.000000       74.00         76.00       03480       ONCOLOGY       0       0       0       25, 777, 832       0.000000       76.00         76.01       03952       ANTI COAGULATI ON       0       0       0       1, 054, 111       0.000000       76.01         76.02       03951       INFUSI ON SERVICES       0       0       0       4, 090, 891       0.000000       76.02         76.98       07698       HYPERBARI C OXYGEN THERAPY       0       0       0       0.000000       76.98         77.00       07700       ALLOGENEI C STEM CELL ACQUISITION       0       0       0       0.000000       76.98         90.00       09000       CLINI C       0       0       0       0.000000       77.00         91.00       09100       EMERGENCY       0       0       0       0.001479       91.00         91.01       04950       WOUND CARE       0       0       0       0.001479       91.00         92.00       09200       BSERVATI ON BEDS (NON-DI STI NCT PART       0       125, 698       125, 698       25, 010, 251       0.005026       92.00	73. 01 07301 DI ABETES CENTER	0	0				73.01
76.00         03480         ONCOLOGY         0         0         25,777,832         0.00000         76.00           76.01         03952         ANTI COAGULATI ON         0         0         0         1,054,111         0.000000         76.01           76.02         03951         I NFUSI ON SERVICES         0         0         0         4,090,891         0.000000         76.02           76.98         07698         HYPERBARI C OXYGEN THERAPY         0         0         0         0         0.000000         76.98           77.00         07700         ALLOGENEI C STEM CELL ACQUI SI TI ON         0         0         0         0.000000         76.98           90.00         09000         CLI NI C         0         0         0         0.000000         76.98           91.00         09100         EMERGENCY         0         0         0         0.000000         90.00           91.01         04950         WOUND CARE         0         0         0         0         0.000000         91.01           92.01         09200         0BSERVATI ON BEDS (DI STI NCT PART         0         125,698         125,698         25,010,251         0.005026         92.01           92.01		0	0				
76. 01       03952       ANTI COAGULATI ON       0       0       1, 054, 111       0.000000       76. 01         76. 02       03951       INFUSI ON SERVICES       0       0       0       4, 090, 891       0.000000       76. 02         76. 98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.000000       76. 98         77. 00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       76. 98         77. 00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       77. 00         00T700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0.000000       77. 00         01000       09000       CLI NI C       0       0       0       0.000000       90. 00         91. 00       09100       EMERGENCY       0       205, 693       139, 079, 702       0.001479       91. 00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       0       125, 698       25, 010, 251       0.005026       92. 00         92. 01       09201       OBSERVATI ON BEDS (DI STI NCT PART)       0       0       8899, 023		0	0				
76. 02       03951       INFUSION SERVICES       0       0       4,090,891       0.00000       76.02         76. 98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0       0       0.00000       76.98         77. 00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0       0       0.00000       77.00         OUTPATIENT SERVICE COST CENTERS         90. 00       09000       CLI NI C       0       0       0       0.00000       90.00         91. 00       09100       EMERGENCY       0       0       0       0.001479       91.00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART       0       125,698       125,698       25,010,251       0.005026       92.00         92. 01       09201       OBSERVATI ON BEDS (DI STINCT PART)       0       0       869,023       0.000000       92.01         92. 01       09201       OBSERVATI ON BEDS (DI STINCT PART)       0       0       869,023       0.000000       92.01         92. 01       09201       OBSERVATI ON BEDS (DI STINCT PART)       0       0       869,023       0.000000       92.01         0THER REI MBURSABLE COST CENTE		0					
76. 98         07698         HYPERBARI C 0XYGEN THERAPY         0         0         0         0         0.000000         76. 98           77. 00         07700         ALLOGENEI C STEM CELL ACQUI SI TI ON         0         0         0         0         0.000000         77. 00           0UTPATI ENT SERVICE COST CENTERS         0         0         0         0         0.000000         90.00 <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0					
77.00         07700         ALLOGENEIC STEM CELL ACQUISITION         0         0         0         0.00000         77.00           OUTPATIENT SERVICE COST CENTERS         0         0         0         0.00000         0         0.000000         90.00         90.00         0         0.000000         90.00         90.00         0         0         0.000000         90.00         90.00         90.00         90.00         90.00         0         0         0.000000         90.00         90.00         90.00         90.00         90.00         0         0.000000         90.00<		0					
OUTPATI ENT SERVICE COST CENTERS           90. 00         09000         CLINIC         0         0         792, 510         0.000000         90. 00           91. 00         09100         EMERGENCY         0         205, 693         139, 079, 702         0.01479         91. 00           91. 01         04950         WOUND CARE         0         0         0         809, 845         0.000000         91. 01           92. 00         09200         DBSERVATI ON BEDS (NON-DI STI NCT PART         0         125, 698         125, 698         25, 010, 251         0.005026         92. 00           92. 01         09201         DBSERVATI ON BEDS (DI STI NCT PART)         0         0         0         8, 869, 023         0.000000         92. 01           92. 01         09201         DBSERVATI ON BEDS (DI STI NCT PART)         0         0         0         8, 869, 023         0.000000         92. 01           92. 01         07HER REI MBURSABLE COST CENTERS         95. 00         9500         AMBULANCE SERVICES         95. 00         95. 00							
90.00         09000         CLINIC         0         0         792,510         0.00000         90.00           91.00         09100         EMERGENCY         0         205,693         139,079,702         0.001479         91.00           91.01         04950         WOUND CARE         0         0         0         809,845         0.000000         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         0         125,698         125,698         25,010,251         0.005026         92.00           92.01         09201         0BSERVATI ON BEDS (DI STINCT PART)         0         0         0         8,869,023         0.000000         92.01           0THER         REI MBURSABLE COST CENTERS         95.00         09500         AMBULANCE SERVICES         95.00         95.00		0	0		J	0.00000	11.00
91.00         09100         EMERGENCY         0         205,693         139,079,702         0.001479         91.00           91.01         04950         WOUND CARE         0         0         0         809,845         0.00000         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART)         0         125,698         125,698         25,010,251         0.005026         92.00           92.01         09201         0BSERVATI ON BEDS (DI STI NCT PART)         0         0         0         8,869,023         0.000000         92.01           0THER         REI MBURSABLE COST CENTERS         95.00         09500         AMBULANCE SERVICES         95.00         95.00         95.00         95.00			0			0.000000	00.00
91. 01       04950       WOUND CARE       0       0       809,845       0.00000       91. 01         92. 00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       0       125,698       125,698       25,010,251       0.005026       92.00         92. 01       09201       0BSERVATI ON BEDS (DI STI NCT PART)       0       0       0       8,869,023       0.000000       92.01         0THER       REI MBURSABLE COST CENTERS       95.00       09500       AMBULANCE SERVICES       95.00       95.00		-	-				
92.00         09200         0BSERVATION         BEDS (NON-DISTINCT PART)         0         125,698         125,698         25,010,251         0.005026         92.00           92.01         09201         0BSERVATION         BEDS (DISTINCT PART)         0         0         0         8,869,023         0.000000         92.01           0THER         REIMBURSABLE COST CENTERS         0         0         0         0         95.00		-					•
92.01         09201         0BSERVATION         BEDS         (DI STINCT PART)         0         0         8,869,023         0.000000         92.01           0THER         REIMBURSABLE         COST         CENTERS         95.00         9500         AMBULANCE         SERVICES         95.00         95.00		U U	U U				
OTHER         REI MBURSABLE         COST         CENTERS           95.00         09500         AMBULANCE         SERVI CES         95.00							•
95. 00 09500 AMBULANCE SERVICES 95. 00		0	0		0 8, 869, 023	0.000000	92.01
		-		-	-		
200.00           Total (lines 50 through 199)         0         730, 594         730, 594         1, 339, 637, 189         200.00							
	200.00   Total (lines 50 through 199)	0	730, 594	730, 59	4 1, 339, 637, 189		200. 00

ealth Financial Systems \PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	FRANCI SCAN HEAL	Provider C	NI 15 0100	Period:	u of Form CMS-: Worksheet D	2002-10
TROUGH COSTS	KVICE UINEK PASS	Provider C	JN. 13-0109	From 01/01/2022	Part IV	
				To 12/31/2022	Date/Time Pre	pared:
					5/30/2023 7:1	3 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	3	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	1		1			
50.00 05000 OPERATING ROOM	0. 000000	46, 180, 975		0 62, 392, 352	0	50.00
1.00 05100 RECOVERY ROOM	0. 000000	1, 555, 211		0 3, 401, 602	0	51.00
2.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	664, 858		0 114, 826		52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	13, 311, 968		0 18, 771, 302	0	54.00
55. 00 05500 RADI OLOGY – THERAPEUTI C	0. 000000	1, 455, 984		0 1, 829, 102	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 000000	0		0 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	0. 000000	16, 232, 523		0 12, 388, 782	0	56.01
57.00 05700 CT SCAN	0. 000000	6, 607, 706		0 12, 244, 202	0	57.00
58. 00 05800 MRI	0. 000000	1, 040, 779		0 1, 816, 372	0	58.00
0. 00 06000 LABORATORY	0. 000000	20, 005, 817		0 6, 217, 421	0	60.00
5. 00 06500 RESPI RATORY THERAPY	0. 000000	8, 300, 367		0 1, 702, 991	0	65.00
6. 00 06600 PHYSI CAL THERAPY	0. 000000	2, 531, 464		0 2, 132, 115	0	66.00
57.00 06700 OCCUPATI ONAL THERAPY	0. 000000	2, 148, 418		0 56, 153	0	67.00
8.00 06800 SPEECH PATHOLOGY	0. 000000	388, 187		0 14, 286	0	68.00
9. 00 06900 ELECTROCARDI OLOGY	0. 000000	4, 544, 146		0 7, 388, 360	0	69.00
0.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	419, 991		0 891, 960	0	70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	1, 726, 930		0 79, 425, 062	0	71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	0		0 0	0	72.00
3.00 07300 DRUGS CHARGED TO PATIENTS	0. 004969	18, 835, 664	93, 59	4 35, 403, 035	175, 918	73.00
3. 01 07301 DI ABETES CENTER	0. 000000	191		0 0	0	73.01
4.00 07400 RENAL DIALYSIS	0. 000000	1, 382, 603		0 3, 519	0	74.00
6.00 03480 ONCOLOGY	0. 000000	46, 879		0 7, 087, 471	0	76.00
6. 01 03952 ANTI COAGULATI ON	0. 000000	0	1	0 241, 022	0	76.01
6. 02 03951 INFUSION SERVICES	0. 000000	0	1	0 0	0	76.02
6. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	76.98
7.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0		0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS						1
0. 00 09000 CLINIC	0. 000000	0		0 0	0	90.00
01.00 09100 EMERGENCY	0.001479	10, 178, 035	15, 05	3 14, 998, 925	22, 183	91.00
01. 01 04950 WOUND CARE	0. 000000	0		0 0		91.01
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.005026	0		0 0	0	92.00
22.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	1, 285, 677		0 2,066,415	0	92.01
OTHER REIMBURSABLE COST CENTERS						1
25. 00 09500 AMBULANCE SERVICES						95.00

	OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C	CN: 15_0109	Period:	Worksheet D	2552-10
IT ON TONMENT OF MEDICAE,	OTHER HEALTH SERVICES AN	D VACCINE COST	in ovider c		From 01/01/2022	Part V	
				-	To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared:
			Title	× XVIII	Hospi tal	PPS	s pili
				Charges		Costs	
Cost Center I	Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
		1.00		(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE		0. 058265	62, 392, 352		0 103	3, 635, 290	50.00
51.00 05100 RECOVERY ROOM		0. 038285			0 0	293, 487	
52.00 05200 DELIVERY ROOM		0. 284388			0 0	32, 655	
					-		
		0. 117055			0 0 0 0	2, 197, 275	
	THERAPEUTIC	0. 102413			-	187, 324	
56. 00 05600 RADI 0I SOTOPE		0. 019920			0 0	0	
56. 01 03950 CARDI AC CATH	LAB	0. 047733			0 14	591, 354	
57. 00 05700 CT SCAN		0. 030954			0 1, 500	379, 007	57.00
58.00 05800 MRI		0. 066682			0 123	121, 119	
50. 00 06000 LABORATORY		0. 113446			0 12	705, 342	
55. 00 06500 RESPI RATORY		0. 170023			0 0	289, 548	
56. 00 06600 PHYSI CAL THEI		0. 290087			0 139	618, 499	
57.00 06700 0CCUPATI ONAL		0. 171703			0 0	9, 642	
58.00 06800 SPEECH PATHO		0. 203961	14, 286		0 0	2, 914	
59.00 06900 ELECTROCARDI		0. 115938			0 0	856, 592	
70.00 07000 ELECTROENCEP		0. 321313			0 0	286, 598	
	LIES CHARGED TO PATIENT	0. 238588			0 0	18, 949, 867	71.00
72.00 07200 I MPL. DEV. CI		0. 356559			0 0	0	
73.00 07300 DRUGS CHARGEI		0. 425963			0 421	15, 080, 383	
73.01 07301 DI ABETES CEN		121.810045			0 0	0	
74.00 07400 RENAL DIALYS	i S	0. 505803			0 0	1, 780	
76.00 03480 ONCOLOGY		0. 249158			0 13, 686	1, 765, 900	
76. 01 03952 ANTI COAGULAT		0. 459122			0 0	110, 659	
76.02 03951 INFUSION SER		0. 219225			0 0	0	
76. 98 07698 HYPERBARI C 0		0. 000000			0 0	0	
	TEM CELL ACQUI SI TI ON	0. 000000	0		0 0	0	77.00
OUTPATIENT SERVICE	CUST CENTERS	1 (02005				0	
90. 00 09000 CLI NI C 91. 00 09100 EMERGENCY		1. 602095 0. 130837			0 0 0 1		
					-	1, 962, 414	
	DEDC (NON DISTINCT DADT	3. 905153			0 0	0	
	BEDS (NON-DI STI NCT PART	0. 056275			0 0		92.00
I	BEDS (DI STINCT PART)	0. 372881	2,066,415		0 2	770, 527	92.01
OTHER REIMBURSABLE 095.00 09500 AMBULANCE SEI		0. 000000			0		95.00
		0.00000	270, 587, 275		-	48, 848, 176	
					0 16,001	I 40,040,1/0	1200. UL
200.00 Subtotal (see			2/0/00//2/0				201 00
	ni c Lab. Servi ces-Program		21010011210		0 0		201.00

Health Financial Systems	FRANCI SCAN HEAL				u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES ANI	O VACCINE COST	Provider CC	CN: 15-0109	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Pre 5/30/2023 7:1	
		Title	XVIII	Hospi tal	PPS	
	Cost	ts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
		Ded. & Coins.				
	(see inst.)	(see inst.)				
	6.00	7.00				
ANCI LLARY SERVI CE COST CENTERS						1
50.00 OFERATING ROOM	0	6				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C	0	0				55.00
56. 00 05600 RADI 0I SOTOPE	0	0				56.00
56.01 03950 CARDI AC CATH LAB	0	1				56.01
57.00 05700 CT SCAN	0	46				57.00
58.00 05800 MRI	0	8				58.00
60. 00 06000 LABORATORY	0	1				60.00
65.00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	40				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDI OLOGY	0	0				69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDI CAL 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	179				73.00
73. 01 07301 DI ABETES CENTER	0	0				73.01
74.00 07400 RENAL DIALYSIS	0	0				74.00
76.00 03480 0NC0L0GY	0	3, 410				76.00
76. 01 03952 ANTI COAGULATI ON	0	0				76.01
76. 02 03951 INFUSION SERVICES	0	0				76.02
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0				
77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0	0				77.00
0UTPATI ENT SERVICE COST CENTERS 90. 00 09000 CLINIC	0	0				90.00
91. 00 09100 EMERGENCY	0	0				90.00
91. 01 04950 WOUND CARE	0	0				91.00
		0				91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS	0	1				92.01
95. 00 09500 AMBULANCE SERVICES	0					95.00
200.00 Subtotal (see instructions)	0	3, 692				200.00
201.00 Less PBP Clinic Lab. Services-Program	0	3, 092				200.00
Only Charges	0					201.00
202.00 Net Charges (line 200 - line 201)	0	3, 692				202.00
	I O	5,072	I			1202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS         Provider CCR: 15-1010 component CCR: 15-1010 To 12/31/2022         Poriod: To 12/31/2022         Worksheet D Part II Date/TIP Dat	Health Financial Systems	FRANCI SCAN HEAL	_TH_LAFAYETTE		In Lie	u of Form CMS-2	2552-10
Component CXN: 15-T109         To         To         T2/31/2022         Date/Time Prepared: 5/30/2023 7:13 pm           Cost Center Description         Capital Related Cost (from Wkst. 8, 2)         Total Charges (col. 1 + col. 2)         Ratio of Cost (col. 1 + col. 2)         Capital Program         Capital Col um 3 x         Capital Col um 3 x         Capital Col um 3 x           MCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           50.00         05000 [PEcATI IG R00M         2.435,505         319,737,716         0.007617         102,944         784         50.00           51.00         05200 [PECAVERY R00M         87,073         20,194,445         0.00423         3.35         55.10           52.00         05200 [PECAVERY R00M         87,073         20,194,445         0.00423         3.35         55.00           50.00         05200 [PECAVERY R00M         87,073         20,194,445         0.00423         3.35         55.00           51.00         05500 [RAD IOLOCY - THERAPUTI C         247,128         14,603,888         0.016922         0         0.55.00           52.00         05500 [RAD IOLOCY - THERAPUTI C         244,128         4.053,886         0.004264         23.07         979,96.00           56.01         03950 [CARDIA C	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C	CN: 15-0109			
Cost Center Description         Capital Related Cost (from Wkst. C. 20)         Ratio of Cost (b Charges) (col. 1+ col. 2)         Ratio of Cost (col. 1+ col. 2)         Inpatient (col. 1+ col. 2)         Capital Costs (col um 3 x col um 4)           MCI LLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           05000 0FEKATI NG ROM         2,435,505         319,737,176         0.007617         102,944         784         50.00           05000 0FEKATI NG ROM         18,3900         17,744,3552         0.004312         0         5.00           05200 0ELUVERY ROM         LABOR ROM         18,373         100,327,310         0.013264         72,298         55         0         55.00         55.00         55.00         0.006423         3.363         55         0.05500 RADI OLOCY - LARONSTIC         1.463,373         100,3264         72,298         0         55.00           05500 CARDI AC CATH LAB         846,613         80,629,172         0.013504         0         55.00         0         56.00         0         56.00         0         56.00         0         57.00         57.00         57.00         57.00         57.00         57.00         57.00         57.00         57.00         57.00         57.00         55.00         0.002147			Component	CON: 15 T100			narodi
Title XVIII         Subprovider - IRF         PPS           Cost Center Description         Capital Related Charges (from Wsst. 6, Part II, col. 26)         Total Charges Part I, col. 8)         Inpatient to Charges (col. 1 + col. 8)         Capital Costs (col. 0 + col. 8)         Capital Costs (col. 1 + col. 8)         Capital Costs (col. 1 + col. 8)         Capital Costs (col. 1 + col. 8)         Capital Costs (col. 0 + col. 8)         Capital Costs (col. 1 + col. 8) <td></td> <td></td> <td>component</td> <td>JCN. 15-1109</td> <td>10 12/31/2022</td> <td></td> <td></td>			component	JCN. 15-1109	10 12/31/2022		
Cost Center Description         Capital Related Cost (from Wkst. 6, 26)         Total Charges (col. 1 + col. 20)         Inpatient Column 3/ 20         Capital Cost (column 4)         Copital Column 4)           AMCILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           0.00         05000 DPERATINE ROOM         2.435,505         319,737,176         0.007617         102,944         784         50.00           0.00         05000 DPERATINE ROOM         2.435,505         319,737,176         0.007617         102,944         784         50.00           0.00         05000 DPERATINE ROOM         1.463,373         110,327,310         0.013264         72,298         959         54.00           0.00         05000 RADIOLOGY - THERAPEUTIC         24,17128         14.463,373         110,327,310         0.01422         0         0.55.00           0.00         05000 RADIOLOGY - THERAPEUTIC         24,1728         14.603,888         0.001424         70.231         108         57.00           0.00         05000 RESPICATORY THERAPEUTIC         24,1728         14.54,43,286         0.00246         230,207         987         60.00           0.00         05000 CABOLOCATH LAB         846,613         80,528.059         0.00326         223,205 <td< td=""><td></td><td></td><td>Title</td><td>XVIII</td><td>Subprovider -</td><td></td><td></td></td<>			Title	XVIII	Subprovider -		
Related Cost (from Wkst. B, Part II. col. 2)         Forgram (column 3.x column 4)         Column 3.x (column 4)           50.00         05000 (0PERATI NG ROOM 0FECOVERP ROOM 05000 (0PERATI NG RAOH 05000 (0PERATI NG RAOH 0500 (0PERATI NG RAOH 05000 (0PERATI NG RAOH 0500 (0PERATI NG REDS (NG					' I RF		
Image: constraint of the	Cost Center Description						
Part II, col.         B)         2)         A           26)         1.00         2.00         3.00         4.00         5.00           50.00         05000         OPERATING ROM         2,435,505         319,737,176         0.007617         102,944         784         50.00           50.00         05000         DELVERY ROM         183,900         17,643,562         0.010423         3,363         35         51.00           52.00         05200         DELVERY ROM         LABOR ROM         87,073         20,194,445         0.004312         0         0.52.00           55.00         D5400 RADI DLCGY - HERAPEUTI C         2447,128         14,603,888         0.016922         0         0.56.00           55.00         05500 CABI DLCGY - THERAPEUTI C         23,169         14,370,90         0.010152         0         0.56.00           56.00         05600 RADI DLGY - THERAPEUTI C         247,128         146,613         80,629,172         0.01500         0         55.00           56.00         05600 CARDI ALCGY HERAPUY         258,673         105,874         0.002147         50,213         108         57.00           56.00         06600 RESPI RATORY THERAPY         268,748         30,526,90         0.008803			· ·	5			
26)         0         4.00         5.00           NOL ILLARY SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           S0.00         OSGOD OPERATI INE ROM         2.435, 505         319, 737, 176         0.00717         102, 944         784         50.00           51.00         05100 RECOVERY ROM         183, 900         17, 643, 552         0.010423         3, 363         35         51.00           52.00         05200 DELI VERY ROM         183, 900         17, 643, 552         0.010423         3, 363         35         51.00           55.00         05500 RADI OLGOY -DI AGNOSTI C         1, 463, 373         110, 327, 310         0.01342         72.28         955         54.00           56.00         05600 RADI OLGOY - THERAPEUTI C         241, 128         14, 603, 373         172         0.0101500         0         55.00           56.00         0500 RADI OLGOY - THERAPEUTI C         241, 135, 443, 286         0.002147         50, 213         108         57.00           57.00         05700 CTSCAN         137,709         64, 135, 443, 286         0.002147         50, 213         168         58.00           66.00         06600 PHYSI CAL THERAPY         256, 670         0.780, 074         0.00354		· · · · · · ·			. Charges	column 4)	
I. 00         2.00         3.00         4.00         5.00           05000         OPEDATI NG ROM         2,435,505         319,737,176         0.007617         102,944         784         50.00           51.00         05100         RECOVERY ROM         183,900         17,643,562         0.010423         3,363         35         51.00         0.52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         52.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         56.00         56.00         56.00         56.01         350.00         56.01         56.01         56.01         56.01         56.01         56.01         56.00         56.01         56.01         56.00         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01         56.01			8)	2)			
ANCI LLARY SERVICE COST CENTERS         50         55         50							
50. 00         05000 (DEERATING ROOM         2,435,505         319,737,176         0.007617         102,944         784         50.00           51. 00         05100 (DECOVERY ROOM         183,900         17,643,562         0.010423         3,363         35         51.00           52. 00         05200 DELI VERY ROOM & LABOR ROOM         87,073         20,194,445         0.004312         0         52.00           55. 00         05500 (RADI 0LOGY - DI ARNOSTI C         1,463,373         110.327,310         0.013264         72,298         959         54.00           55. 00         05600 (RADI 0LOGY - THERAPEUTI C         247,128         14,633,888         0.016922         0         0         55.00           56. 00         05600 (RADI CLOGY - THERAPEUTI C         247,128         14,633,876         0.002147         50.213         108         57.00           57. 00         05700 (T SCAN         137,709         64,135,476         0.002147         50.213         108         57.00           66.00         06000 RESPIE RATORY THERAPY         268,748         30.528,059         0.00803         128,094         1,126         66.00           66.00         06600 RESPIE RATORY THERAPY         268,748         30.528,059         0.008003         128,094         1,735		1.00	2.00	3.00	4.00	5.00	
51.00       05100       RECOVERY ROOM       183,900       17,643,562       0.010423       3,363       55       51.00         52.00       05200       DELIVERY ROOM & LABOR ROOM       97,073       20,194,445       0.004312       0       0       52.00         54.00       05400       RADIOLOGY - DIAGNOSTIC       1,463,373       110.327,310       0.013264       72,298       959       54.00       55.00       0       0       55.00       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       55.00         50.00       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       56.00         51.00       OSOO (RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       56.00         51.00       OSOO (CT SCAN       137,709       64,135,476       0.001428       52.02       57.00       56.00       57.00       57.00       57.00       57.00       57.00       56.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00		2 425 505	210 727 17/	0.007/	17 102 044	704	
52:00       052:00       DELIVERY ROM & LABOR ROM       87,073       20,194,445       0.004312       0       0       52:00         54:00       05500       RADIOLOGY-DIAGNOSTIC       1,463,373       110,327,310       0.013264       72,298       959       54.00         55:00       D5500       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       55.00         50:00       D5500       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       56.00         50:00       D5500       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.016922       0       0       56.00         50:00       D5500       RADIOLOGY - THERAPEUTIC       247,128       14,603,888       0.001422       0       0       56.00       56.00       56.00       56.00       56.00       57.00       56.00       57.00       56.00       57.00       56.00       57.00       56.00       57.00       56.00       57.00       56.00       56.00       57.00       56.00       56.00       57.00       56.00       56.00       56.00       50.00       50.00       56.00       50.00       56.00       50.00       56.00       50.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
54.00       0s400       RADI 0 LOGY-DI AGNOSTI C       1, 463, 373       110, 327, 310       0, 013264       72, 298       959       54.00         55.00       05500       RADI 0 LOGY - THERAPEUTI C       247, 128       14, 603, 888       0, 016922       0       0       55.00         56.00       03950       CARDI AC CATH LAB       846, 613       80, 629, 172       0, 010500       0       0       56.01         57.00       05700 CT SCAN       137, 709       64, 135, 476       0.002147       50, 213       108       57.00         58.00       06000       RADI ORDOR TESPI RATORY       580, 534       134, 709       64, 135, 443, 286       0.002147       50, 213       108       57.00         50.00       06500 RESPI RATORY THERAPY       268, 748       30, 528, 059       0.008803       128, 094       1, 128       65.00         66.00       06600 PHYSI CAL THERAPY       226, 670       30, 780, 074       0.003554       992, 130       3, 526       67.00         67.00       06700 OCLEPATI ONAL THERAPY       246, 324       40, 493, 187       0.005043       292, 289       1, 474       68.00         69.00       06000 ELECTROCARDI ONAL THERAPY       320, 322       5, 276, 360       0.060709       0							
55.00       05500       RADI OLOGY - THERAPEUTI C       247,128       14,603,888       0.016922       0       0       56.00         56.00       05600       RADI OL SOTOPE       23,169       14,376,907       0.001612       0       56.00         56.01       03950       CARDI AC CATH       LAB       846,613       80,629,172       0.010500       0       56.01         57.00       05700       CT SCAN       137,709       64,135,476       0.002147       55.0,213       108       57.00         58.00       05800 MRI       89,846       10,873,603       0.002646       230,207       987       60.00         65.00       06000       RESPI RATORY THERAPY       226,670       30,780,074       0.007364       1,050,394       7,735       66.00         66.00       06000       SPECE CHATHOLOGY       27,530       5,459,241       0.005043       222,29       9,743       92,130       3,226       67.00         67.00       07000       CEUPATIONAL THERAPY       25,4604       15,363,068       0.003021       192,712       52.71       67.00         69.00       06900       ELECTROCARDI DLOGY       27,30       5,276,360       0.060709       0       070.00       70.00							
56.00       CARD OLSOTOPE       23, 169       14, 37.6, 907       0.001612       0       0       56.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
56.01       03950       CARDI AC CATH LAB       844, 613       80, 629, 172       0.010500       0       65.00         57.00       05700       CT SCAN       137, 709       64, 137, 603       0.002147       50, 213       108       57.00         68.00       06500       MRI       89, 846       10, 873, 603       0.002263       14, 052       116       58.00         65.00       06500       RESPI RATORY THERAPY       268, 748       30, 528, 059       0.008803       128, 094       1, 28       65.00         66.00       06600       PHYSI CAL THERAPY       26, 670       30, 780, 074       0.007364       1, 050, 394       7, 735       66.00         67.00       06700       0CUPATI ONAL THERAPY       54, 604       15, 363, 068       0.003554       992, 130       3, 526       67.00         69.00       06900       ELECTROCARDI OLOGY       27, 530       5, 459, 241       0.005043       292, 289       1, 474       68.00         69.00       07000       ELECTROCARDI OLOGY       20, 22       5, 276, 360       0.060709       0       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00						-	
57.00       CT SCAN       137,709       64,135,476       0.002147       50,213       108       57.00         58.00       05800       MRI       89,846       10,873,603       0.002263       14,052       116       58.00         65.00       06500       LABORATORY       58.0534       135,443,286       0.004286       230,207       987       60.00         66.00       06600       PHYSICAL THERAPY       266,748       30,528,059       0.008803       128,094       1,128       65.00         67.00       06700       OCCUPATI ONAL THERAPY       226,670       30,780,074       0.007344       1,050,394       7,355       66.00         68.00       06900       ELECTROCARDI OLOGY       27,530       5,459,241       0.005043       292,289       1,474       68.00         70.00       VO00       ELECTROCARDI OLOGY       622,342       40,493,187       0.016851       13,039       220       69.00       0       0       0       0.0021       192,712       582       71.00       71.00       73.00       NRUS CHARGED TO PATI ENTS       191,075       43,888,758       0.004354       77,054       33.50       72.00       0       0.01743       288,472       3,888       73.00       73.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
58.00       05800       MRI       89, 846       10, 873, 603       0.002263       14, 052       116       58.00         60.00       06000       LABORATORY       580, 534       135, 443, 286       0.004286       230, 207       98       60.00         66.00       06500       RESPI RATORY THERAPY       226, 670       30, 780, 074       0.007364       1, 050, 394       7, 735       66.00         67.00       067.00       0CUPATI ONAL THERAPY       54, 604       15, 363, 068       0.003554       992, 130       3, 526       67.00         68.00       06800       SPEECH PATHOLOGY       27, 530       5, 459, 241       0.005043       292, 289       1, 474       68.00         69.00       06900       ELECTROCARDI OLOGY       662, 342       40, 493, 187       0.016851       13, 039       220       69.00         70.00       07000       IMPL. DEV. CHARGED TO PATI ENTS       191, 075       43, 88, 758       0.004354       77, 054       335       72.00         73.00       07300       IMPL. DEV. CHARGED TO PATI ENTS       131, 775       5, 575       2.470852       0       73.01       73.01         74.00       07400       RENAL DI ALYSI S       120, 286       3, 281, 070       0.036661 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
60.00       06000       LABORATORY       580, 534       135, 443, 286       0.004286       230, 207       987       60.00         65.00       06500       RESPI RATORY THERAPY       226, 670       30, 780, 074       0.007364       1, 050, 394       7, 735       66.00         67.00       06700       OCCUPATI ONAL THERAPY       226, 670       30, 780, 074       0.007364       1, 950, 394       7, 735       66.00         68.00       06800       SPECH PATHOLOGY       27, 530       5, 49, 241       0.005043       292, 289       1, 474       68.00         09.00       60000       LECTROENCERHALGGRAPHY       320, 322       5, 276, 360       0.060709       0       70.00       70.00         71.00       07100       REDI CAL SUPPLIES CHARGED TO PATI ENT       274, 270       90, 774, 579       0.00321       192, 712       582       71.00       70.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       191, 075       43, 888, 758       0.004354       77.054       335       72.00       73.00       73.00       73.01       1ABETS CENTER       13, 775       5, 575       2.470852       0       73.00       74.00       74.00       74.00       74.00       74.00       76.00       76.00							
65.00       06500       RESPI RATORY THERAPY       268,748       30,528,059       0.008803       128,094       1,128       65.00         66.00       06600       PHYSI CAL THERAPY       226,670       30,780,074       0.007344       1,050,394       7,735       66.00         67.00       06000       PHYSI CAL THERAPY       54,604       15,363,068       0.003554       992,130       3,526       67.00         68.00       06900       ELECTROCARDIOLOGY       27,530       5,459,241       0.005043       292,289       1,474       68.00         69.00       DELCTROCARDIOLOGY       823,22       5,276,360       0.060709       0       0       07.00         071.00       DIOLAL SUPPLIES CHARGED TO PATIENT       274,201       90,774,579       0.003354       77,054       335       72.00         07300       DRUSC CHARGED TO PATIENTS       191,075       43,888,758       0.004354       77,054       335       72.00         73.01       07301       DIABETES CENTER       13,775       5,575       2,470852       0       0       76.00         74.00       O3480       ONCOGY       244,796       25,777,832       0.009496       0       0       76.00         76.01 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
66.00       06600       PHYSI CAL THERAPY       226,670       30,780,074       0.007364       1,050,394       7,735       66.00         67.00       0CCUPATI ONAL THERAPY       54,604       15,363,068       0.003554       992,130       3,526       67.00         68.00       06800       SPEECTROCARDI OLOGY       27,530       5,459,241       0.005043       292,289       1,474       68.00         69.00       06900       ELECTROCARDI OLOGY       682,342       40,493,187       0.016851       13,039       220       69.00         71.00       07000       ELECTROENCEPHALOGRAPHY       302,322       5,276,360       0.060709       0       70.00         71.00       07200       IMPL. AEV. CHARGED TO PATI ENTS       191,075       43,888,758       0.004354       77,054       335       72.00         73.01       07300       DRUGS CHARGED TO PATI ENTS       943,400       80,338,228       0.011743       288,472       3,388       73.00         73.01       07300       REVES CENTER       13,775       5,575       2.470852       0       76.00         76.02       03951       INFUSION SERVICES       20,544       4,090,891       0.005022       0       76.01         76.02							
67.00       06700       0CCUPATI ONAL THERAPY       54,604       15,363,068       0.003554       992,130       3,526       67.00         68.00       06800       SPECH PATHOLOGY       27,530       5,459,241       0.005043       292,289       1,474       68.00         69.00       0000       ELECTROCARDIOLOGY       682,342       40,493,187       0.016851       13,039       220       69.00         71.00       07000       ELECTROENCEPHALOGRAPHY       320,322       5,276,360       0.660709       0       70.00       70.00       71.00       71.00       72.01       MPL. DEV. CHARGED TO PATI ENT       274,201       90,774,579       0.003021       192,712       582       71.00         73.00       70300       DRUSC CHARGED TO PATI ENTS       191,075       43,888,758       0.004354       77,054       335       72.00       0       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.02       70.02       288,472       3,88       75.00       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       74.00       74.0							
68.00       06800       SPEECH PATHOLOGY       27,530       5,459,241       0.005043       292,289       1,474       68.00         69.00       06900       ELECTROCARDI OLOGY       682,342       40,493,187       0.016851       13,039       220       69.00         70.00       OTOOD       ELECTROCARDI OLOGY       682,342       40,493,187       0.016851       13,039       220       69.00         71.00       OTIO       MEDI CAL SUPPLIES CHARGED TO PATI ENT       274,201       90,774,579       0.003021       192,712       582       72.00         73.00       OT200       INPL. DEV. CHARGED TO PATI ENTS       191,075       43,888,758       0.004354       77,054       335       72.00         73.01       OT300       DRUGS CHARGED TO PATI ENTS       194,740       80,338,228       0.011743       288,472       3,388       73.00         74.00       O7400       RENAL DI ALYSI S       120,286       3,281,070       0.036661       34,398       1,261       74.00         76.01       03952       NTI COAGULATI ON       8,630       1,054,111       0.009496       0       0       76.01         70.02       ALLOGENEIC STEM CELL ACOULISITION       0       0       0.000000       0       7							
69.00       06900       ELECTROCARDIOLOGY       682, 342       40, 493, 187       0.016851       13, 039       220       69.00         70.00       07000       ELECTROCARDIOLOGY       320, 322       5, 276, 360       0.060709       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT       274, 201       90, 774, 579       0.003021       192, 712       582       71.00         72.00       07300       DRUGS CHARGED TO PATIENTS       191, 075       43, 888, 758       0.004354       77, 054       335       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       943, 400       80, 338, 228       0.011743       288, 472       3, 388       73.00         74.00       07400       RENAL DI ALYSI S       120, 286       3, 281, 070       0.036661       34, 398       1, 261       74.00         76.00       03480       MCOLOGY       244, 796       25, 777, 832       0.009496       0       0       76.01         76.02       03951       INFUSION SERVICES       20, 544       4, 090, 891       0.05022       0       76.02         76.98       07608       HYPERBARIC OXYGEN THERAPY       0       0       0.0000000       0       77.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
70.00       07000       ELECTROENCEPHALOGRAPHY       320, 322       5, 276, 360       0.060709       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       274, 201       90, 774, 579       0.003021       192, 712       582       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       191, 075       43, 888, 758       0.004354       77, 054       335       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       943, 400       80, 338, 228       0.011743       288, 472       3, 388       73.00       073.01       DI ABETES CENTER       13, 775       5, 575       2.470852       0       0       76.00         76.00       03480       ONCOLOGY       244, 796       25, 777, 832       0.009496       0       0       76.00         76.02       03951       INFUSION SERVICES       20, 544       4, 090, 891       0.005022       0       0       76.02         77.00       0700       ALIGENCY       2, 638, 012       139, 079, 702       0.018968       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0							
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       274, 201       90, 774, 579       0.003021       192, 712       582       71.00         72.00       07200       I MPL.       DEV. CHARGED TO PATI ENTS       191, 075       43, 888, 758       0.004354       77, 054       335       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       943, 400       80, 338, 228       0.011743       288, 472       3, 388       73.00         73.01       DI ABETES CENTER       13, 775       5, 575       2.470852       0       0       73.01         74.00       07400       RENAL DI ALYSI S       120, 286       3, 281, 070       0.036661       34, 398       1, 261       74.00         76.01       03952       ANTI COAGULATI ON       8, 630       1, 054, 111       0.008187       0       0       76.01         76.22       07608       HYPERBARI C OXYGEN THERAPY       0       0       0.000000       0       76.02         77.00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       76.02         77.00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       77.00							
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       191,075       43,888,758       0.004354       77,054       335       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       943,400       80,338,228       0.011743       288,472       3,388       73.00         73.01       07301       DIABETES CENTER       13,775       5,575       2.470852       0       0       73.01         74.00       O7400       RENAL DIALYSIS       120,286       3,281,070       0.036661       34,398       1,261       74.00         76.00       03480       ONCOLOGY       244,796       25,777,832       0.009496       0       76.01         76.02       03951       INFUSION SERVICES       20,544       4,090,891       0.005022       0       76.02         77.00       O700       ALLOGENEI C STEM CELL ACQUISITION       0       0       0.000000       0       76.98         77.00       0700       ALLOGENEI C STEM CELL ACQUISITION       0       0       0.008000       0       76.98         77.00       0700       ALLOGENEI C STEM CELL ACQUISITION       0       0       0.008000       0       90.00         90.00       09100       EMERGENCY       2,638,012 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>						-	
73.00       07300       DRUGS CHARGED TO PATIENTS       943,400       80,338,228       0.011743       288,472       3,388       73.00         73.01       07301       DLABETES CENTER       13,775       5,575       2.470852       0       0       73.01         74.00       07400       RENAL DLALYSIS       120,286       3,281,070       0.036661       34,398       1,261       74.00         76.00       03480       0NCOLOGY       244,796       25,777,832       0.009496       0       0       76.00         76.01       03952       ANTI COAGULATI ON       8,630       1,054,111       0.005022       0       0       76.02         7951       INFUSI ON SERVICES       20,544       4,090,891       0.005002       0       0       76.02         700       OT700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       76.98         77.00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       77.00         90.00       09000       CLI NI C       22,904       792,510       0.028901       0       90.00       91.00         91.00       09000       CLI NI C       2,638,012							
73.01       07301       DI ABETES CENTER       13,775       5,575       2.470852       0       0       73.01         74.00       07400       RENAL DI ALYSI S       120,286       3,281,070       0.036661       34,398       1,261       74.00         76.00       03480       ONCOLOGY       244,796       25,777,832       0.009496       0       0       76.00         76.01       03952       ANTI COAGULATI ON       8,630       1,054,111       0.008187       0       0       76.01         76.92       03951       INFUSI ON SERVI CES       20,544       4,090,891       0.005022       0       0       76.02         76.98       MYPERBARI C OXYGEN THERAPY       0       0       0.000000       0       0       77.00         0       0.700       ALLGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       0       77.00         0       0.9000       CLI NI C       22,904       792,510       0.028901       0       90.00       91.00         91.00       O9100       EMERGENCY       2,638,012       139,079,702       0.018968       0       0       91.00         91.01       04950       WOUND CARE       968,83							
74.00       07400       RENAL DI ALYSI S       120, 286       3, 281, 070       0.036661       34, 398       1, 261       74.00         76.00       03480       ONCOLOGY       244, 796       25, 777, 832       0.009496       0       0       76.00         76.01       03952       ANTI COAGULATI ON       8, 630       1, 054, 111       0.008187       0       0       76.01         76.92       03951       INFUSI ON SERVI CES       20, 544       4, 090, 891       0.005022       0       0       76.02         76.98       07698       HYPERBARI C OXYGEN THERAPY       0       0       0.000000       0       76.98         77.00       01204LICEENEL C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       77.00         0100       09000       CLI NI C       22, 904       792, 510       0.028901       0       90.00       91.00         91.00       09000       CLI NI C       22, 638, 012       139, 079, 702       0.018968       0       91.00       91.00         91.01       04950       WOUND CARE       968, 833       809, 845       1.196319       0       91.01       92.00       92.00       92.00       92.00       92.00       92.00							
76.00       03480       ONCOLOGY       244, 796       25, 777, 832       0.009496       0       76.00         76.01       03952       ANTI COAGULATI ON       8, 630       1, 054, 111       0.008187       0       0       76.01         76.02       03951       I NFUSI ON SERVI CES       20, 544       4, 090, 891       0.005022       0       0       76.02         76.98       07698       HYPERBARI C OXYGEN THERAPY       0       0       0.000000       0       76.98         77.00       07700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       76.98         90.00       09000       CLI NI C       22, 904       792, 510       0.028901       0       90.00         91.00       09100       EMERGENCY       2, 638, 012       139, 079, 702       0.018968       0       91.00         91.01       04950       WOUND CARE       968, 833       809, 845       1.196319       0       92.00         92.01       0B2CH ION BEDS (NON-DI STI NCT PART       0       25, 010, 251       0.000000       0       92.00         92.01       0B2CH ION BEDS (DI STI NCT PART       0       25, 010, 251       0.000000       0       92.00							
76. 01       03952       ANTI COAGULATI ON       8, 630       1, 054, 111       0.008187       0       0       76. 01         76. 02       03951       INFUSI ON SERVICES       20, 544       4, 090, 891       0.005022       0       0       76. 02         76. 98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0.000000       0       0       76. 98         77. 00       0700       ALLOGENEI C STEM CELL ACQUI SI TI ON       0       0       0.000000       0       0       77. 00         00.00       09000       CLI NI C       22, 904       792, 510       0.028901       0       90. 00       91. 00         90. 00       09100       EMERGENCY       2, 638, 012       139, 079, 702       0.018968       0       91. 00         91. 01       04950       WOUND CARE       968, 833       809, 845       1. 196319       0       91. 01         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       497, 347       8, 869, 023       0.056077       9, 453       530       92. 00         92.01       DSERVATI ON BEDS (DI STI NCT PART)       497, 347       8, 869, 023       0.056077       9, 453       530       92. 00         92.00							
76.02       03951       INFUSION SERVICES       20,544       4,090,891       0.005022       0       0       76.02         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0.000000       0       76.98         77.00       0700       ALLOGENEI C STEM CELL ACQUISITION       0       0       0.000000       0       77.00         000       09000       CLINIC       22,904       792,510       0.028901       0       90.00       90.00         90.00       09000       CLINIC       22,904       792,510       0.028901       0       90.00       91.00         91.00       09100       EMERGENCY       2,638,012       139,079,702       0.018968       0       91.00       91.00         92.00       09200       OBSERVATION BEDS (NON-DISTINCT PART       968,833       809,845       1.196319       0       91.01         92.00       09201       OBSERVATION BEDS (DISTINCT PART)       497,347       8,869,023       0.056077       9,453       530       92.00         92.01       09500       AMBULANCE SERVICES       95.00       95.00       95.00       95.00       95.00							
76. 98       07698       HYPERBARI C 0XYGEN THERAPY       0       0       0.000000       0       76. 98         77. 00       07700       ALLOGENEI C STEM CELL AQUI SI TI ON       0       0       0.000000       0       77. 00         0UTPATI ENT SERVICE COST CENTERS       90. 00       09000       CLI NI C       22, 904       792, 510       0.028901       0       90. 00       91. 00         91. 00       09100       EMERGENCY       2, 638, 012       139, 079, 702       0.018968       0       0       91. 00         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART       968, 833       809, 845       1. 196319       0       0       92. 00       92.01       056077       9, 453       530       92. 00       92.01       0201       056077       9, 453       530       92. 00       92.01       056077       9, 453       530       92. 01       92. 01         0THER       REI MBURSABLE COST CENTERS          95. 00       95.00       95.00       95.00       95.00       95.00       95.00       95.00							
77. 00         07700         ALLOGENEIC STEM CELL ACQUISITION         0         0         0.000000         0         77. 00           0UTPATIENT SERVICE COST CENTERS         00000         CLINIC         22,904         792,510         0.028901         0         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         90. 00         91. 00         90. 00         91. 00         90. 00         91. 00         91. 00         968, 833         809, 845         1. 196319         0         91. 01         92. 00         9200         0BSERVATI ON BEDS (NON-DI STINCT PART         0         25, 010, 251         0. 000000         0         92. 00         92.01         9201         0BSERVATI ON BEDS (DI STINCT PART)         497, 347         8, 869, 023         0. 056077         9, 453         530         92. 00           92.01         09201         0BSERVATI ON BEDS (DI STINCT PART)         497, 347         8, 869, 023         0. 056077         9, 453         530         92. 00           95. 00         09500         AMBULANCE SERVICES         95. 00         95. 00         95. 00         95. 00						0	
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         22,904         792,510         0.028901         0         90.00           91.00         09100         EMERGENCY         2,638,012         139,079,702         0.018968         0         0         91.00           91.01         04950         WOUND CARE         968,833         809,845         1.196319         0         0         91.01           92.00         09200         OBSERVATION BEDS (NON-DISTINCT PART         0         25,010,251         0.000000         0         92.00           92.01         09201         0BSERVATION BEDS (DISTINCT PART)         497,347         8,869,023         0.056077         9,453         530         92.01           0THER         REI MBURSABLE COST CENTERS           95.00         9500         AMBULANCE SERVICES         95.00		0	0			0	77.00
90.00         09000         CLINIC         22,904         792,510         0.028901         0         0         90.00           91.00         09100         EMERGENCY         2,638,012         139,079,702         0.018968         0         0         91.00           91.01         04950         WOUND CARE         968,833         809,845         1.196319         0         0         91.01           92.00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART         0         25,010,251         0.000000         0         92.00           92.01         09201         OBSERVATI ON BEDS (DI STINCT PART)         497,347         8,869,023         0.056077         9,453         530         92.01           0THER         REI MBURSABLE COST CENTERS           95.00         95.00         95.00         95.00         95.00         95.00         95.00			`				
91. 01       04950       WOUND CARE       968,833       809,845       1.196319       0       0       91. 01         92. 00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       0       25,010,251       0.000000       0       92. 00         92. 01       09201       0BSERVATI ON BEDS (DI STINCT PART)       497,347       8,869,023       0.056077       9,453       530       92. 01         0THER       REI MBURSABLE COST CENTERS       95. 00       09500       AMBULANCE SERVICES       95. 00       95. 00		22, 904	792, 510	0. 02890	01 0	0	90.00
91.01       04950       WOUND CARE       968,833       809,845       1.196319       0       0       91.01         92.00       09200       0BSERVATION BEDS (NON-DISTINCT PART)       0       25,010,251       0.000000       0       92.00         92.01       09201       0BSERVATION BEDS (DISTINCT PART)       497,347       8,869,023       0.056077       9,453       530       92.01         0THER       REI MBURSABLE COST CENTERS       0       09500       AMBULANCE SERVICES       95.00       95.00       95.00						0	91.00
92. 01         09201         0BSERVATI ON         BEDS         (DI STI NCT PART)         497, 347         8, 869, 023         0.056077         9, 453         530         92. 01           0THER         REI MBURSABLE         COST CENTERS         95. 00         09500         AMBULANCE         SERVICES         95. 00         95. 00	91. 01 04950 WOUND CARE				19 0	0	91.01
OTHER         REI MBURSABLE         COST         CENTERS           95.00         09500         AMBULANCE         SERVICES         95.00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	25, 010, 251	0.0000	0 00	0	92.00
95.00 09500 AMBULANCE SERVICES 95.00	92.01 09201 OBSERVATION BEDS (DISTINCT PART)	497, 347	8, 869, 023	0. 0560	77 9, 453	530	92.01
200. 00           Total (lines 50 through 199)         13, 618, 869         1, 339, 637, 189         3, 551, 112         23, 168         200. 00							
	200.00  Total (lines 50 through 199)	13, 618, 869	1, 339, 637, 189		3, 551, 112	23, 168	200.00

Heal th	Financial Systems	FRANCI SCAN HEAL	TH_LAFAYETTE			In Lie	u of Form CMS-	2552-10
APPOR	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEP	RVICE OTHER PASS	S Provider C	CN: 15-0109	Peri od:		Worksheet D	
THROUG	GH COSTS		Comment	20N 15 T100	From 01	/01/2022	Part IV	
			Component	CCN: 15-T109	To 12	2/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 nm
			Title	XVIII	Subpro	vider -	PPS	o piii
						RF		
	Cost Center Description	Non Physician	Nursi ng	Nursi ng			Allied Health	
		Anesthetist	Program	Program	Post-	Stepdown		
		Cost	Post-Stepdown		Adj u	stments		
			Adjustments					
		1.00	2A	2.00		3A	3.00	
	ANCI LLARY SERVI CE COST CENTERS							
50.00	05000 OPERATI NG ROOM	0	0		0	0	0	
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
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	0	54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	0	0		0	0	0	55.00
56.00	05600 RADI OI SOTOPE	0	0		0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0		0	0	0	56.01
57.00	05700 CT SCAN	0	0		0	0	0	57.00
58.00	05800 MRI	0	0		0	0	0	58.00
60.00	06000 LABORATORY	0	0		0	0	0	60.00
65.00	06500 RESPI RATORY THERAPY	0	0		0	0	0	65.00
66.00	06600 PHYSI CAL THERAPY	0	0		0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	0	
69.00	06900 ELECTROCARDI OLOGY	0	0		0	0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	399, 203	
73.01	07301 DI ABETES CENTER	0	0		0	0	0,7,200	
74.00	07400 RENAL DI ALYSI S	0	0		0	0	0	
76.00	03480 ONCOLOGY	0	0		0	0	0	
76.01	03952 ANTI COAGULATI ON	0	0		0	0	0	
76.02	03951 I NFUSI ON SERVI CES	0	0		0	0	0	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0	0	0	
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0	0	
77.00	OUTPATIENT SERVICE COST CENTERS	V	0		0	0	0	1 / /. 00
90.00	09000 CLINIC	0	0		0	0	0	90.00
90.00	09100 EMERGENCY	0	0		0	0	205, 693	
91.00	04950 WOUND CARE	0	0		0	0	205, 695	•
91.01	09200 OBSERVATION BEDS (NON-DISTINCT PART		0		0	0	0	
92.00 92.01	09201 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0	0	0	
72. UI	OTHER REIMBURSABLE COST CENTERS	0	0	I	U	0	0	92.0
95.00	09500 AMBULANCE SERVICES							
		0	0		0	~	404 004	95.00
200.00	)   Total (lines 50 through 199)	I U	0	I	0	0	604, 896	∠UU. U

	TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF						
					Period: From 01/01/2022	Worksheet D Part IV	
			Component (		o 12/31/2022		
			Title	XVIII	Subprovider - IRF	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
		Education Cost	1, 2, 3, and	Cost (sum of		(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCI LLARY SERVI CE COST CENTERS		1			1	4
0.00	05000 OPERATI NG ROOM	0	-	-			
1.00	05100 RECOVERY ROOM	0	0	c c			
2.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	( C	20, 194, 445		
4.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0			
5.00	05500 RADI OLOGY - THERAPEUTI C	0	0	0	14, 603, 888		
6.00	05600 RADI OI SOTOPE	0	0	0	14, 376, 907	0.000000	56.0
6. 01	03950 CARDI AC CATH LAB	0	0	0	80, 629, 172	0.000000	56.
7.00	05700 CT SCAN	0	0	0	64, 135, 476	0.000000	57.
B. 00	05800 MRI	0	0	0	10, 873, 603	0. 000000	58.
0. 00	06000 LABORATORY	0	0	(	135, 443, 286	0. 000000	60.
5.00	06500 RESPI RATORY THERAPY	0	0	(	30, 528, 059	0.000000	65.
6.00	06600 PHYSI CAL THERAPY	0	0	0	30, 780, 074	0.000000	66.1
7.00	06700 OCCUPATI ONAL THERAPY	0	0	0	15, 363, 068	0.000000	67.1
8.00	06800 SPEECH PATHOLOGY	0	0	0	5, 459, 241	0. 000000	68.1
9.00	06900 ELECTROCARDI OLOGY	0	0	0	40, 493, 187	0. 000000	69.1
0. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	(	5, 276, 360		70.
1.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(			
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		43, 888, 758		
3.00	07300 DRUGS CHARGED TO PATIENTS	0	399, 203	399, 203			
3.01	07301 DI ABETES CENTER	0	0	(	5, 575		
4.00	07400 RENAL DI ALYSI S	0	0		3, 281, 070		
6.00	03480 ONCOLOGY	0	0		25, 777, 832		
6. 01	03952 ANTI COAGULATI ON	0	0		1, 054, 111	0. 000000	
6. 02	03951 I NFUSI ON SERVI CES	0	0		4, 090, 891	0. 000000	
6. 98	07698 HYPERBARI C OXYGEN THERAPY	0	0		0		
7.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0	0. 000000	
/.00	OUTPATIENT SERVICE COST CENTERS	0	0		, 0	0.00000	- ' ' '
D. 00	09000 CLINIC	0	0	0	792, 510	0.00000	90.
	09100 EMERGENCY		205, 693				
1.00	04950 WOUND CARE		200, 070	203, 093			
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0				0.000000	
	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0					
2.01	OTHER REIMBURSABLE COST CENTERS	0	0		0,007,023	0.00000	72.
5.00	09500 AMBULANCE SERVICES						95.
5.00 00.00		0	604, 896	604 894	1, 339, 637, 189		200.

DODTLONMENT OF INDATIENT (OUTDATLENT ANOLULADY CEDVICE OTVER					2552-10
PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER	PASS Provider	CCN: 15-0109	Peri od:	Worksheet D	
HROUGH COSTS			From 01/01/2022		
	Component	CCN: 15-T109	To 12/31/2022	Date/Time Pre	epared:
				5/30/2023 7:1	3 pm
	11 11	e XVIII	Subprovider - IRF	PPS	
Cost Center Description Outpatie	nt Inpatient	Inpatient	Outpati ent	Outpati ent	
Ratio of (	Cost Program	Program	Program	Program	
to Charg	es Charges	Pass-Throug		Pass-Through	
(col. 6 ÷	col.	Costs (col.	8	Costs (col. 9	
7)		x col. 10)		x col. 12)	
9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVICE COST CENTERS					
0. 00 05000 OPERATING ROOM 0. 00	0000 102, 94	4	0 0	0	50.00
1. 00 05100 RECOVERY ROOM 0. 00			0 0		
2. 00 05200 DELIVERY ROOM & LABOR ROOM 0. 00		0	0 0		
		0			
4. 00 05400 RADI OLOGY - DI AGNOSTI C 0. 00			0	0	
5. 00 05500 RADI OLOGY - THERAPEUTI C 0. 00		0	0 0	0	
6. 00 05600 RADI 0I SOTOPE 0. 00		0	0 0	0	
6. 01 03950 CARDI AC CATH LAB 0. 00		0	0 0	0	
7.00 05700 CT SCAN 0.00	0000 50, 21	3	0 0	0	57.00
8. 00 05800 MRI 0. 00	0000 14, 05	2	0 0	0	58.00
0. 00 06000 LABORATORY 0. 00	0000 230, 20	7	0 0	0	60.00
5. 00 06500 RESPI RATORY THERAPY 0. 00	0000 128,09	4	0 0	0	65.00
6. 00 06600 PHYSI CAL THERAPY 0. 00	0000 1, 050, 39	4	0 0	0	66.00
7. 00 06700 OCCUPATI ONAL THERAPY 0. 00	0000 992, 13	0	0 0	0	67.00
8. 00 06800 SPEECH PATHOLOGY 0. 00			0 0	-	
9. 00 06900 ELECTROCARDI OLOGY 0. 00		1	0 0	-	
0. 00 07000 ELECTROENCEPHALOGRAPHY 0. 00		0	0 0	-	
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0. 00		-	0 0	-	
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 00			0 0	-	
3. 00 07300 DRUGS CHARGED TO PATIENTS 0. 00					
3. 01 07301 DI ABETES CENTER 0. 00		0	0 0		
4. 00 07400 RENAL DI ALYSI S 0. 00			0 0		
6. 00 03480 ONCOLOGY 0. 00		0	0 0		
6. 01 03952 ANTI COAGULATI ON 0. 00		0	0 0	-	
6. 02 03951 I NFUSI ON SERVICES 0. 00		0	0 0	0	
6. 98 07698 HYPERBARI C OXYGEN THERAPY 0. 00	0000	0	0 0	0	76.98
7.00 07700 ALLOGENEIC STEM CELL ACQUISITION 0.00	0000	0	0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS					1
0. 00 09000 CLINIC 0. 00	0000	0	0 318	0	90.00
1. 00 09100 EMERGENCY 0. 00		0	0 0		
1. 01 04950 WOUND CARE 0. 00		0	0 0	0	
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 00		ő	0 0	-	
2. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0. 00		3	0 0		
OTHER REIMBURSABLE COST CENTERS	9,40	<u> </u>	<u> </u>	<u> </u>	72.01
5.00 09500 AMBULANCE SERVICES				1	95.00
	0 EE1 14	2 1 4	22 240	_	
00.00   Total (lines 50 through 199)	3, 551, 11	2 1,4	33 318	1 0	200.00

	Financial Systems	FRANCI SCAN HEAL				u of Form CMS-	2552-10
APPORT	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provi der C	CN: 15-0109	Peri od:	Worksheet D	
			Component	CCN: 15-T109	From 01/01/2022 To 12/31/2022	Part V Date/Time Pre	narod
			component	CCN. 13-1107	10 12/31/2022	5/30/2023 7:1	3 pm
			Title	e XVIII	Subprovider -	PPS	
					I RF		
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
			Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To Ded. & Coins	. Subject To . Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	ANCI LLARY SERVI CE COST CENTERS		2100	0.00		0.00	
50.00	05000 OPERATI NG ROOM	0. 058265	0		0 0	0	50.00
51.00	05100 RECOVERY ROOM	0. 086279	0		0 0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 284388	0		0 0	0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 117055	0		0 0	0	54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	0. 102413	0		0 0	0	55.00
56.00	05600 RADI OI SOTOPE	0. 019920	0		0 0	0	56. OC
56. 01	03950 CARDI AC CATH LAB	0. 047733	0		0 0	0	56.01
57.00	05700 CT SCAN	0. 030954	0		0 0	0	57.OC
58.00	05800 MRI	0. 066682	0		0 0	0	58.00
60.00	06000 LABORATORY	0. 113446	0		0 0	0	60.00
65.00	06500 RESPI RATORY THERAPY	0. 170023	0		0 0	0	65.00
56.00	06600 PHYSI CAL THERAPY	0. 290087	0		0 0	0	66.00
57.00	06700 OCCUPATI ONAL THERAPY	0. 171703	0		0 0	0	67.00
58.00	06800 SPEECH PATHOLOGY	0. 203961	0		0 0	0	
69.00	06900 ELECTROCARDI OLOGY	0. 115938	0		0 0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 321313	0		0 0	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 238588	0		0 0	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 356559	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 425963	0		0 295	0	
73.01	07301 DI ABETES CENTER	121. 810045	0		0 0	0	
74.00	07400 RENAL DIALYSIS	0. 505803	0		0 0	0	
76.00	03480 ONCOLOGY	0. 249158	0		0 0	0	
76.01	03952 ANTI COAGULATI ON	0. 459122	0		0 0	0	
76.02	03951 I NFUSI ON SERVI CES	0. 219225	0		0 0	0	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0		0 0	0	77.00
90.00	OUTPATI ENT SERVI CE COST CENTERS	1. 602095	318	1	0 0	509	90.00
90.00 91.00	09000 CLINIC 09100 EMERGENCY	0. 130837	318		0 0	509	
91.00 91.01	04950 WOUND CARE	3. 905153	0		0 0	0	
91.01	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 056275	0		0 0	0	
72.00 72.01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0. 372881	0		0 0	0	
2.01	OTHER REIMBURSABLE COST CENTERS	0. 372001	0	1	<u> </u>	0	/2.01
95.00	09500 AMBULANCE SERVICES	0. 000000			0		95.00
200. OC		2.000000	318		0 295	509	200.00
200.00 201.00			010		0 0		201.00
	Only Charges						
202.00		1	318		0 295	500	202.00

		FRANCI SCAN HEALT				u of Form CMS	-2552-1
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0109	Period: From 01/01/2022	Worksheet D	
			Component (	CCN: 15-T109	To 12/31/2022	Part V Date/Time Pr 5/30/2023 7:	
			Title	XVIII	Subprovider - IRF	PPS	
		Cost	s				
	Cost Center Description	Cost	Cost				
	·	Reimbursed	Reimbursed				
		Servi ces S	Services Not				
		Subject To	Subject To				
			ed. & Coins.				
			(see inst.)				
		6.00	7.00				
	LLARY SERVICE COST CENTERS	-		1			-
	O OPERATING ROOM	0	0				50.0
	O RECOVERY ROOM	0	0				51.0
	O DELIVERY ROOM & LABOR ROOM	0	0				52.0
	0 RADI OLOGY-DI AGNOSTI C	0	0				54.0
	0 RADI OLOGY - THERAPEUTI C	0	0				55.0
	0 RADI 0I SOTOPE	0	0				56.0
	O CARDIAC CATH LAB	0	0				56.0
	O CT SCAN	0	0				57. C
8.00 0580		0	0				58. C
	0 LABORATORY	0	0				60.0
	0 RESPI RATORY THERAPY	0	0				65.0
	0 PHYSI CAL THERAPY	0	0				66.0
	0 OCCUPATIONAL THERAPY	0	0				67.0
	O SPEECH PATHOLOGY	0	0				68.0
	0 ELECTROCARDI OLOGY	0	0				69.0
	0 ELECTROENCEPHALOGRAPHY	0	0				70.0
	O MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0				71.0
	O IMPL. DEV. CHARGED TO PATIENTS	0	0				72.0
	O DRUGS CHARGED TO PATIENTS	0	126				73.0
	1 DI ABETES CENTER	0	0				73.0
	O RENAL DI ALYSI S	0	0				74. C
	O ONCOLOGY	0	0				76.0
	2 ANTI COAGULATI ON	0	0				76.0
	1 I NFUSI ON SERVI CES	0	0				76.0
	8 HYPERBARI C OXYGEN THERAPY	0	0				76.9
	O ALLOGENEIC STEM CELL ACQUISITION	0	0				77. C
	ATLENT SERVICE COST CENTERS			1			
		0	0				90.0
		0	0				91.0
	O WOUND CARE	0	0				91.0
	0 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.0
	1 OBSERVATION BEDS (DISTINCT PART) R REIMBURSABLE COST CENTERS	0	0				92.0
	O AMBULANCE SERVICES	0					95.0
200.00	Subtotal (see instructions)	0	126				200. C
200.00	Less PBP Clinic Lab. Services-Program	0	120				200.0
		U U					201.0
	Only Charges						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	ID VACCI NE COST	Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Pre 5/30/2023 7:1	pared: 3 pm
		Titl	e XIX	Hospi tal	Cost	
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 058265	0	35, 692, 67	2 0	0	50.00
51.00 05100 RECOVERY ROOM	0. 086279	0	2, 206, 06	9 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 284388	0		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 117055	0	14, 328, 33	2 0	0	54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C	0. 102413	0	4, 938, 13	9 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0. 019920	0		0 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	0.047733	0	4, 183, 02	3 0	0	56.01
57. 00 05700 CT SCAN	0.030954	0			0	57.00
58. 00 05800 MRI	0. 066682	0			0	58.00
50. 00 06000 LABORATORY	0. 113446	0	.,		0	60.00
55.00 06500 RESPIRATORY THERAPY	0. 170023	0			0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 290087	0	2, 850, 50		0	66.00
57. 00 06700 OCCUPATI ONAL THERAPY	0. 171703	0			0	67.00
58. 00 06800 SPEECH PATHOLOGY	0. 203961	0	1, 804, 81		0	68.00
59. 00 06900 ELECTROCARDI OLOGY	0. 115938	0			0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 321313		962, 00		0	70.00
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 238588	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 356559			0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 425963	0	34	-	0	73.00
73. 01 07300 DROGS CHARGED TO PATTENTS	121. 810045	0		0 0	0	73.00
74. 00 07400 RENAL DIALYSIS		0		-	0	74.00
74. 00 07400 RENAL DIALYSIS 76. 00 03480 ONCOLOGY	0. 505803	-			0	
	0. 249158	0	5, 546, 82		-	76.00
76. 01 03952 ANTI COAGULATI ON	0. 459122	-		0 0	0	76.01
76.02 03951 INFUSION SERVICES	0. 219225	0		0 0	0	76.02
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000			0 0	0	76.98
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0		0 0	0	77.00
OUTPATIENT SERVICE COST CENTERS	1 (00005		1		-	
20.00 09000 CLINIC	1.602095			0 0	0	
21. 00 09100 EMERGENCY	0. 130837	0			0	91.00
P1. 01 04950 WOUND CARE	3. 905153			0 0	0	91.01
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 056275	0		0 0	0	92.00
92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART)	0. 372881	0	1,002,70	1 0	0	92.01
OTHER REIMBURSABLE COST CENTERS			1			4
25. 00 09500 AMBULANCE SERVICES	0. 000000			0		95.00
200.00 Subtotal (see instructions)		0	166, 053, 66		0	200.00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00 Net Charges (line 200 - line 201)		0	166, 053, 66	6 0	0	202.00

APPORT	Financial Systems IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND		<u>TH LAFAYETTE</u> Provider CO	CN: 15-0109	Peri od: From 01/01/2022 To 12/31/2022	u of Form CMS- Worksheet D Part V Date/Time Pro 5/30/2023 7:	epared:
			Ti tl	e XIX	Hospi tal	Cost	
		Cos			illoopi tui	0001	
	Cost Center Description	Cost	Cost				
	···· ··· ··· ··· ··· ···	Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ANCI LLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2, 079, 634	0				50.00
51.00	05100 RECOVERY ROOM	190, 337	0				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 677, 203	0				54.00
55.00	05500 RADI OLOGY - THERAPEUTI C	505, 730	0				55.00
56.00	05600 RADI OI SOTOPE	0	0				56.00
56.01	03950 CARDI AC CATH LAB	199, 668	0	1			56.01
57.00	05700 CT SCAN	342, 840	0				57.00
58.00	05800 MRI	95, 941	0				58.00
60.00	06000 LABORATORY	2, 300, 690	0				60,00
65.00	06500 RESPI RATORY THERAPY	179, 986	0				65.00
66.00	06600 PHYSI CAL THERAPY	826, 894	0				66.00
67.00	06700 OCCUPATI ONAL THERAPY	423, 140	0				67.00
68.00	06800 SPEECH PATHOLOGY	368, 112	0				68.00
69.00	06900 ELECTROCARDI OLOGY	456, 103	0				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	309, 104	0				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	146	0				73.00
73.01	07301 DI ABETES CENTER	0	0				73.01
74.00	07400 RENAL DI ALYSI S	392, 435	0				74.00
76.00	03480 ONCOLOGY	1, 382, 035	0				76.00
76.01	03952 ANTI COAGULATI ON	0	0				76.01
76.02	03951 I NFUSI ON SERVICES	0	0				76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0				76.98
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0				77.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0				90.00
91.00	09100 EMERGENCY	6, 739, 516	0				91.00
91.01	04950 WOUND CARE	0,707,010	0				91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	373, 888	0				92.01
01	OTHER REIMBURSABLE COST CENTERS	070,000	0				
95.00	09500 AMBULANCE SERVICES	0					95.00
200.00		18, 843, 402	0				200.00
200.00		10, 043, 402	0				200.00
201.00	Only Charges	0					201.00
	Net Charges (line 200 - line 201)	18, 843, 402	0				202.00

	Financial Systems	FRANCI SCAN HEAL	TH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORT	TIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0109	Peri od:	Worksheet D	
			Component	CCN: 15-T109	From 01/01/2022 To 12/31/2022	Part V Date/Time Pre	narod
			component	CCN. 15-1109	10 12/31/2022	5/30/2023 7:1	3 pm
			Titl	e XIX	Subprovider -	Cost	
		T			I RF		
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
			Services (see		Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00	0.00	(see inst.)	(see inst.)	F 00	
	ANCILLADY SEDVICE COST CENTEDS	1.00	2.00	3.00	4.00	5.00	
50.00	ANCI LLARY SERVI CE COST CENTERS	0. 058265	C	1	0 0	0	50.00
50.00	05100 RECOVERY ROOM	0. 058265			0 0	0	
52.00		0. 284388			0 0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0. 284388			0 0	0	
55.00	05500 RADI OLOGY - THERAPEUTI C	0. 117055			0 0	0	
55.00	05500 RADI OLOGY - THERAPEOTIC	0. 102413			0 0		56.00
56.00	03950 CARDI AC CATH LAB				0 0	0	
	03950 CARDIAC CATH LAB	0.047733			0 0		
57.00		0. 030954	-			0	
58.00		0. 066682	0		0	0	
60.00		0. 113446	0		0 0	0	60.00
65.00		0. 170023	0		0 0	0	
66.00	06600 PHYSI CAL THERAPY	0. 290087	0		0 0	0	
67.00	06700 OCCUPATIONAL THERAPY	0. 171703	0		0 0	0	
68.00	06800 SPEECH PATHOLOGY	0. 203961	0		0 0	0	
69.00	06900 ELECTROCARDI OLOGY	0. 115938	0		0 0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 321313	0		0 0	0	
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0. 238588	0		0 0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 356559	0		0 0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 425963	0		0 0	0	
73.01	07301 DI ABETES CENTER	121.810045	0		0 0	0	
74.00	07400 RENAL DI ALYSI S	0. 505803	0		0 0	0	
76.00	03480 ONCOLOGY	0. 249158	0		0 0	0	
76.01	03952 ANTI COAGULATI ON	0. 459122	0		0 0	0	
76.02	03951 I NFUSI ON SERVICES	0. 219225	0		0 0	0	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0. 000000	0		0 0	0	
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0		0 0	0	77.00
00.00	OUTPATIENT SERVICE COST CENTERS	1 (00005		1			00.00
90.00	09000 CLINIC	1. 602095	0		0 0	0	
91.00	09100 EMERGENCY	0. 130837	0		0 0	0	
91.01	04950 WOUND CARE	3. 905153	0		0 0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.056275	0			0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0. 372881	0	7,30	0 0	0	92.01
95.00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	0. 000000		1	0		95.00
200.00		0.000000	C	7.0		_	
			0	7,30		0	200.00
201.00					0 0		201.00
202.00	Only Charges Net Charges (line 200 - line 201)		C			_	202.00
202.00	Iner charges (The 200 - The 201)	I I	U	7,30	0 0	0	1202. UU

Health Financial Systems	FRANCI SCAN HEALTI	H LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES A	ND VACCINE COST	Provider C	CN: 15-0109	Peri od:	Worksheet D	
			001 45 7400	From 01/01/2022	Part V	
		Component	CCN: 15-T109	To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Titl	e XIX	Subprovider -	Cost	o piii
				I RF		
	Costs					
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
		Services Not				
		Subject To				
		ed. & Coins.				
		(see inst.)				
	6.00	7.00				
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	0	0				50.00
	0	0				50.00
51.00 05100 RECOVERY ROOM						
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0	0	•			54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C	0	0				55.00
56. 00 05600 RADI OI SOTOPE	0	0				56.00
56. 01 03950 CARDI AC CATH LAB	0	0				56.01
57. 00 05700 CT SCAN	0	0				57.00
58. 00 05800 MRI	0	0				58.00
60. 00 06000 LABORATORY	0	0				60.00
65. 00 06500 RESPI RATORY THERAPY	0	0				65.00
66. 00 06600 PHYSI CAL THERAPY	0	0				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	•			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0	0				71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
73. 01 07301 DI ABETES CENTER	0	0				73.01
74.00 07400 RENAL DIALYSIS	0	0	•			74.00
76.00 03480 ONCOLOGY	0	0				76.00
76. 01 03952 ANTI COAGULATI ON	0	0				76.01
76.02 03951 INFUSION SERVICES	0	0				76.02
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0				76.98
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0				77.00
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLI NI C	0	0				90.00
91.00 09100 EMERGENCY	0	0				91.00
91. 01 04950 WOUND CARE	0	0				91.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	2, 744	0				92.01
OTHER REI MBURSABLE COST CENTERS			1			05 05
95. 00 09500 AMBULANCE SERVICES	0	-				95.00
200.00 Subtotal (see instructions)	2, 744	0				200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges	0 744	~				000 00
202.00   Net Charges (line 200 - line 201)	2, 744	0	1			202.00

5500 01		Provider CCN: 15-0109	Peri od:	Worksheet D-1	
	ATION OF INPATIENT OPERATING COST		From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 7:13	pared:
		Title XVIII	Hospi tal	PPS	s pili
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed day			32, 745	
2.00 3.00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed da		rivate room davs	32, 745 0	
5.00	do not complete this line.	5, 5, 5,	rvate room days,	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation b			31, 984	
5.00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decembe	er 31 of the cost	0	5.00
6.00	reporting period Total swing-bed SNF type inpatient days (including private ro	oom days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)	5.		-	
7.00	Total swing-bed NF type inpatient days (including private roo	om days) through December	- 31 of the cost	0	7.00
8.00	reporting period Total swing-bed NF type inpatient days (including private roc	om davs) after December 3	R1 of the cost	0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)			0	0.00
9.00	Total inpatient days including private room days applicable t	to the Program (excluding	g swing-bed and	11, 359	9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII c	only (including private r	coom days)	0	10.00
10.00	through December 31 of the cost reporting period (see instruc		com days)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII of		room days) after	0	11.00
12.00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		te room dave)	0	12.00
12.00	through December 31 of the cost reporting period	The during privat	te room days)	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13.00
14.00	after December 31 of the cost reporting period (if calendar y			0	14 00
	Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)	ram (excluding swing-bed	days)	0	
	Nursery days (title V or XIX only)			0	
	SWING BED ADJUSTMENT		<b>•</b> • • • •		
17.00	Medicare rate for swing-bed SNF services applicable to servic reporting period	ces through December 31 d	of the cost	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to servic	ces after December 31 of	the cost	0.00	18.00
	reporting period				
19.00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	f the cost	0.00	19.00
20.00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of 1	the cost	0.00	20.00
	reporting period				
	Total general inpatient routine service cost (see instruction			60, 561, 241	
22.00	Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)	ber 31 of the cost report	ting period (line	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reportir	ng period (line 6	0	23.00
04.00	x line 18)				
24.00	Swing-bed cost applicable to NF type services through December $7 \times 1$ (ine 19)	er 31 of the cost reporti	ng period (iine	0	24.00
25.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	g period (line 8	0	25.00
a (	x line 20)				
26.00 27.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 60, 561, 241	
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		1	00,001,211	27.00
	General inpatient routine service charges (excluding swing-be	ed and observation bed ch	narges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	
31.00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi Average per diem private room cost differential (line 34 x li		ctions)	0. 00 0. 00	
	Private room cost differential adjustment (line 3 x line 35)			0.00	36.00
37.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	60, 561, 241	37.00
	27 minus line 36)				-
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	JUSTMENTS			+
					i
38.00	Adjusted general inpatient routine service cost per diem (see	e instructions)		1, 849. 48	38.00
39.00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr	e 38)		1, 849. 48 21, 008, 243 0	39.00

COMPUT	Financial Systems ATION OF INPATIENT OPERATING COST	FRANCI SCAN HEALTH	Provider CCN		Period:	worksheet D-1	
					From 01/01/2022 To 12/31/2022		
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient CostIn	Total patient DaysD	Average Per iem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
10.00		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units	0	0	0.0	0 0		42.00
43.00	INTENSIVE CARE UNIT	10, 934, 697	4, 593	2, 380. 7	3 1, 583	3, 768, 696	43.00
44.00	CORONARY CARE UNI T						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00 47.00	SURGI CAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	4, 963, 004	3, 378	1, 469. 2	1 0	c	46.00
11100	Cost Center Description	1,700,001	0,0,0	1,10,12			
48.00	Program inpatient ancillary service cost (Wks	st D 2 col 2	Lipo 200)			1.00 22,280,504	48.00
48.00	Program inpatient cellular therapy acquisition			II. line 10.	column 1)	22, 280, 504	
49.00	Total Program inpatient costs (sum of lines					47, 057, 443	
	PASS THROUGH COST ADJUSTMENTS					5 404 404	50.00
50.00	Pass through costs applicable to Program inpa [11])	atient routine se	rvices (from	WKST. D, SUM	of Parts I and	5, 124, 181	50.00
51.00	Pass through costs applicable to Program inpl and IV)	atient ancillary	services (fro	m Wkst. D, s	um of Parts II	1, 706, 201	51.00
52.00	Total Program excludable cost (sum of lines					6, 830, 382	
53.00	Total Program inpatient operating cost exclu- medical education costs (line 49 minus line 4		ted, non-phys	ician anesth	etist, and	40, 227, 061	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program discharges					C	
55. 00 55. 01	Target amount per discharge Permanent adjustment amount per discharge					0.00	) 55.00 ) 55.01
55.01	Adjustment amount per discharge (contractor	use onlv)				0.00	
56.00	Target amount (line 54 x sum of lines 55, 55					C	
57.00	Difference between adjusted inpatient operat	ing cost and targ	et amount (li	ne 56 minus	line 53)	C	
58.00 59.00	Bonus payment (see instructions) Trended costs (lesser of line 53 ÷ line 54, o	or line 55 from t	he cost repor	ting period	andi ng 1006	0.00	
57.00	updated and compounded by the market basket)		ne cost repor	ting period	ending 1770,	0.00	57.00
60.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	prior year co	st report, u	pdated by the	0.00	60.00
61.00	market basket) Continuous improvement bonus payment (if line 55.01, or line 59, or line 60, enter the less 53) are less than expected costs (lines 54 x	ser of 50% of the	amount by wh	ich operatin	g costs (line	С	61.00
	enter zero. (see instructions)		g i i i				
62.00 63.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	ont (coo instruct	ione)				
03.00	PROGRAM INPATIENT ROUTINE SWING BED COST		10115)				03.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Decemb	er 31 of the	cost reporti	ng period (See	C	64.00
65.00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)</pre>	ts after December	31 of the co	st reporting	period (See	C	65.00
66.00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 64	plus line 65	)(title XVII	l only); for	C	66.00
67.00	CAH, see instructions Title V or XIX swing-bed NF inpatient routing	e costs through D	ecember 31 of	the cost re	porting period	c	67.00
68.00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	0			01	c c	
69.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient				5 m		
27.00	PART III - SKILLED NURSING FACILITY, OTHER NU						
70.00	Skilled nursing facility/other nursing facili	2					70.00
71.00 72.00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		e /U ÷ line 2	)			71.00
72.00	Medically necessary private room cost application	,	line 14 x lin	e 35)			73.00
74.00	Total Program general inpatient routine serv	ice costs (line 7	2 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient 26, line 45)	routine service c	osts (from Wo	rksheet B, P	art II, column		75.00
76.00	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76.00
77.00	Program capital-related costs (line 9 x line	76)					77.00
78.00	Inpatient routine service cost (line 74 minu:		vidor record-	<b>`</b>			78.00
79.00 80.00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				us line 79)		79.00
81.00	Inpatient routine service cost per diem limi				,		81.00
82.00	Inpatient routine service cost limitation (I						82.00
83.00 84.00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see in:						83.00 84.00
85.00	Utilization review - physician compensation	,	)				85.00
86.00	Total Program inpatient operating costs (sum	of lines 83 thro					86.00
87.00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions					761	87.00
88.00	Adjusted general inpatient routine cost per		ine 2)			1, 849. 48	
	Observation bed cost (line 87 x line 88) (see	•				1, 407, 454	

Health Financial Systems	FRANCI SCAN HEAL	_TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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	8, 377, 111	60, 561, 241	0. 13832	5 1, 407, 454	194, 686	90.00
91.00 Nursing Program cost	5, 408, 692	60, 561, 241	0. 08930	9 1, 407, 454	125, 698	91.00
92.00 Allied health cost	0	60, 561, 241	0.00000	0 1, 407, 454	0	92.00
93.00 All other Medical Education	0	60, 561, 241	0.00000	0 1, 407, 454	0	93.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0109 Component CCN: 15-T109 Title XVIII	Peri od: From 01/01/2022 To 12/31/2022 Subprovi der -	Worksheet D-1 Date/Time Pre 5/30/2023 7:1 PPS	pare
	Cost Center Description		I RF	rr3	
				1.00	
	PART I – ALL PROVIDER COMPONENTS INPATIENT DAYS				-
00	Inpatient days (including private room days and swing-bed days	s, excluding newborn)		2, 534	1 1.
00	Inpatient days (including private room days, excluding swing-b			2, 534	2.
00	Private room days (excluding swing-bed and observation bed day	/s). If you have only pr	ivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation be			2, 534	4
00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	2, 534	5
	reporting period	····			
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	dave) through December	21 of the cost	0	7
00	reporting period	i days) thi ough becember	ST OF THE COST	0	'
00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8
~~	reporting period (if calendar year, enter 0 on this line)			1 050	
00	Total inpatient days including private room days applicable to newborn days) (see instructions)	o the Program (excluding	swing-bed and	1, 250	9
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10
	through December 31 of the cost reporting period (see instruct				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er		oom days) after	0	11
. 00	Swing-bed NF type inpatient days applicable to titles V or XI>		e room days)	0	12
	through December 31 of the cost reporting period			-	
. 00	Swing-bed NF type inpatient days applicable to titles V or XL $\!$			0	13
. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)	in (excluding swing-bed	uays)	0	
	Nursery days (title V or XIX only)			0	
00	SWING BED ADJUSTMENT	- thursen December 21 -	6 +1+	0.00	1 1 7
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 d	r the cost	0.00	17
. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
	reporting period				
. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0.00	19
. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
	reporting period				
	Total general inpatient routine service cost (see instructions		ing pariod (line	4, 954, 653	
. 00	Swing-bed cost applicable to SNF type services through December $5 \times 10^{-10}$	er 31 of the cost report	ing period (iine	0	22
. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23
	x line 18)			_	
. 00	Swing-bed cost applicable to NF type services through December 7 x line 19)	r 31 of the cost reporti	ng period (line	0	24
. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
	x line 20)				
	Total swing-bed cost (see instructions)	(line 21 minus line 24)		0	26
. 00	General inpatient routine service cost net of swing-bed cost ( PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(The 21 minus The 26)		4, 954, 653	27
. 00	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	28
	Private room charges (excluding swing-bed charges)		-	0	
	Semi-private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 = Average private room per diem charge (line 29 ÷ line 3)	Fille 28)		0.000000	
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
00	Average per diem private room charge differential (line 32 mir		tions)	0.00	34
	Average per diem private room cost differential (line 34 x lin	ne 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	0 4, 954, 653	
	27 minus line 36)	and private room cost ur		+, 754,000	''
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				]
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			1 055 03	
	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 955. 27 2, 444, 088	
	Medically necessary private room cost applicable to the Progra			2, 444, 000	
	Total Program general inpatient routine service cost (line 39			2, 444, 088	

OMPUI	Financial Systems ATION OF INPATIENT OPERATING COST		H LAFAYETTE Provider C	CN: 15-0109	Peri od:	eu of Form CMS- Worksheet D-1	
			Component	CCN: 15-T109	From 01/01/2022 To 12/31/2022		
			Title	× XVIII	Subprovider -	PPS	<u>s piii</u>
	Cost Center Description	Total Inpatient CostIr	Total upatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
2.00	NURSERY (title V & XIX only)	0	C	0.	00 C	0 0	42.0
3. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	0	0	0	00 C	) 0	43.0
4.00	CORONARY CARE UNIT	0	0	0.			44.0
5.00	BURN INTENSIVE CARE UNIT						45.0
6.00	SURGICAL INTENSIVE CARE UNIT						46.0
7.00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	0	0	0.	00 C	0	47.0
	·					1.00	
8.00	Program inpatient ancillary service cost (Wk					818, 606	
8.01	Program inpatient cellular therapy acquisiti Total Program inpatient costs (sum of lines				, column 1)	0 3, 262, 694	
7.00	PASS THROUGH COST ADJUSTMENTS	41 through 40.01)				3,202,074	1 77. 1
0. 00	Pass through costs applicable to Program inp	atient routine se	ervices (from	ı Wkst. D, su	m of Parts I and	466, 313	50. (
1.00	<pre>III) Pass through costs applicable to Program inp</pre>	ationt ancillary	sorvicos (fr	om Wkst D	sum of Parts II	24 601	51.0
1.00	and IV)	acrone anorriary	SCIVICES (II	om mitot. D,	Jun of Tarts II	24, 601	51.0
2.00	Total Program excludable cost (sum of lines					490, 914	
3. 00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION		ited, non-phy	sician anest	hetist, and	2, 771, 780	53.
4.00	Program di scharges					0	
5.00	Target amount per discharge					0.00	
5. 01 5. 02	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor	use only)				0.00	
5.00	Target amount (line 54 x sum of lines 55, 55					0	
7.00	Difference between adjusted inpatient operat	ing cost and targ	get amount (I	ine 56 minus	line 53)	0	
8.00 9.00	Bonus payment (see instructions) Trended costs (lesser of line 53 ÷ line 54,	or line 55 from 1	the cost rend	rting period	onding 1006	0.00	
9.00	updated and compounded by the market basket)		the cost repo	i triig period	ending 1990,	0.00	37.
0.00	Expected costs (lesser of line 53 ÷ line 54, market basket)		0.00				
1.00	Continuous improvement bonus payment (if lin 55.01, or line 59, or line 60, enter the les 53) are less than expected costs (lines 54 x enter zero. (see instructions)	ser of 50% of the	e amount by w	hich operati	ng costs (line	0	
2.00	Relief payment (see instructions)					0	
3.00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see Instruct	Tons)			0	63.
4. 00		ts through Decemb	per 31 of the	cost report	ing period (See	0	64.
- 00	instructions) (title XVIII only)						
5.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts atter December	SI OF THE C	ost reportin	g period (See	0	65.
6. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	l plus line 6	5)(title XVI	II only); for	0	66.
7 00	CAH, see instructions	o oosto there i	locombox 21	f the set	oporting n==! = !		17
7.00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs inrough l	ecember 31 C	n the cost r	eporting period	0	67.
8. 00	Title V or XIX swing-bed NF inpatient routin (line 13 x line 20)				orting period	0	
9. 00	Total title V or XIX swing-bed NF inpatient					0	69.
0. 00	PART III - SKILLED NURSING FACILITY, OTHER N Skilled nursing facility/other nursing facil				)		70.
1. 00	Adjusted general inpatient routine service c	ost per diem (lir		•			71.
2.00	Program routine service cost (line 9 x line		(1) · ·	25)			72.
3.00 4.00	Medically necessary private room cost applic Total Program general inpatient routine serv						73.
5.00	Capital -related cost allocated to inpatient 26, line 45)	•			Part II, column		75.
5.00	Per diem capital-related costs (line 75 ÷ li						76.
7.00	Program capital -related costs (line 9 x line						77.
3.00 9.00	Inpatient routine service cost (line 74 minu Aggregate charges to beneficiaries for exces		vider record	ls)			78.
). 00	Total Program routine service costs for comp	• •		· · · · · · · · · · · · · · · · · · ·	nus line 79)		80.
1.00	Inpatient routine service cost per diem limi	tati on					81.
2.00	Inpatient routine service cost limitation (I						82.
3.00 4.00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see in						83. 84.
5.00	Utilization review - physician compensation		5)				85.
6.00	Total Program inpatient operating costs (sum	of lines 83 thro					86.
7 00	PART IV - COMPUTATION OF OBSERVATION BED PAS Total observation bed days (see instructions					0	87.
	I TOTAL OBSCIVATION DEA VAYS (SEE THELT ACTIONS	· /					88.

Health Financial Systems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Peri od:	Worksheet D-1	
		Component (	CCN: 15-T109	From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 pm
	Title XVIII Subprovider -				PPS	
Cost Center Description						
					1.00	
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)				0	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from		
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH C						
90.00 Capital-related cost	945, 318	4, 954, 653	0. 19079	94 0	0	90.00
91.00 Nursing Program cost	0	4, 954, 653	0.0000	0 0	0	91.00
92.00 Allied health cost	0	4, 954, 653	0.0000	0 0	0	92.00
93.00 All other Medical Education	0	4, 954, 653	0.00000	0 00	0	93.00

	Financial Systems FRANCISCAN HEALTH		CN: 15-0109	Peri od:	u of Form CMS-2 Worksheet D-3	
	INT ANGLEART SERVICE COST ATTORTONIMENT	i i ovi dei c	CN. 13-0109	From 01/01/2022	worksheet D-5	
				To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Title	e XVIII	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos		Inpati ent	
			To Charges		Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
	03000 ADULTS & PEDIATRICS		1	43, 050, 705		30. C
	03100 I NTENSI VE CARE UNI T			8, 225, 507		31.0
	02060 NEONATAL INTENSIVE CARE UNIT			0, 220, 007		35. C
	04100 SUBPROVIDER - IRF			162, 138		41.0
	04300 NURSERY					43.0
	ANCI LLARY SERVICE COST CENTERS		1			
	05000 OPERATING ROOM		0. 0582	65 46, 180, 975	2, 690, 735	50.0
	05100 RECOVERY ROOM		0. 0862	79 1, 555, 211	134, 182	51.0
	05200 DELIVERY ROOM & LABOR ROOM		0. 2843	88 664, 858	189, 078	52.0
4.00	05400 RADI OLOGY-DI AGNOSTI C		0. 1171	28 13, 311, 968	1, 559, 204	54.0
	05500 RADI OLOGY – THERAPEUTI C		0. 1024	13 1, 455, 984	149, 112	55.0
	05600 RADI OI SOTOPE		0.0199	20 0	0	56.0
	03950 CARDI AC CATH LAB		0. 0477		774, 827	56.
	05700 CT SCAN		0. 0309		204, 535	57.
	05800 MRI		0. 0666		69, 401	58.
	06000 LABORATORY		0. 1135		2, 271, 560	
	06500 RESPI RATORY THERAPY		0. 1700		1, 411, 253	
	06600 PHYSI CAL THERAPY		0. 2900		734, 345	
	06700 OCCUPATI ONAL THERAPY		0. 1717		368, 890	
	06800 SPEECH PATHOLOGY		0. 2039		79, 175	
	06900 ELECTROCARDI OLOGY		0. 1159		526, 857	69. (
	07000 ELECTROENCEPHALOGRAPHY		0. 3213		134, 949	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 2385		412, 025	
	07200 IMPL. DEV. CHARGED TO PATIENTS		0.3565		0	72.
	07300 DRUGS CHARGED TO PATIENTS		0. 4259		8, 023, 296	
	07301 DI ABETES CENTER		121.8100		23, 266	
	07400 RENAL DI ALYSI S		0. 5058		699, 325	
	03480 ONCOLOGY		0. 2491		11, 680	
	03952 ANTI COAGULATI ON		0. 4591		0	76.
	03951 I NFUSI ON SERVI CES		0. 2192		0	76.
	07698 HYPERBARI C OXYGEN THERAPY		0.0000		0	76.
	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS		0.0000	00 0	0	77.
	09000 CLINIC		1. 6020	95 0	0	90.
	09100 EMERGENCY		0. 1310		1, 333, 404	91.
	04950 WOUND CARE		3. 9051		1, 333, 404	91.
	04930 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 0562		0	91.
	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 0382		479, 405	
	OTHER REIMBURSABLE COST CENTERS		0. 5720	1, 200, 077	477,403	, 2.
	09500 AMBULANCE SERVICES					95.
00.00	Total (sum of lines 50 through 94 and 96 through 98)			158, 844, 373	22, 280, 504	
01.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0	,, 001	201.
02.00	Net charges (line 200 minus line 201)	、···· -··)	1	158, 844, 373		202.

Cost Center Description  INPATIENT ROUTINE SERVICE COST CENTERS  30.00 O3000 ADULTS & PEDIATRICS 31.00 O3100 INTENSIVE CARE UNIT	•	CCN: 15-0109 CCN: 15-T109 XVIII Ratio of Cos To Charges	Period: From 01/01/2022 To 12/31/2022 Subprovider - IRF t Inpatient Program	Worksheet D-3 Date/Time Prej 5/30/2023 7:1: PPS Inpatient	pared:
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	•	XVIII Ratio of Cos	To 12/31/2022 Subprovider - IRF t Inpatient	5/30/2023 7:1 PPS	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS	Title	Ratio of Cos	t Inpatient	PPS	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS			t Inpatient	Inpati ent	
30. 00 03000 ADULTS & PEDI ATRI CS		To Charges	Program		
30. 00 03000 ADULTS & PEDI ATRI CS			U U	Program Costs	
30. 00 03000 ADULTS & PEDI ATRI CS			Charges	(col. 1 x col.	
30. 00 03000 ADULTS & PEDI ATRI CS		1.00	2.00	2)	
30. 00 03000 ADULTS & PEDI ATRI CS		1.00	2.00	3.00	
					30.00
					31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
41. 00 04100 SUBPROVIDER - IRF			2, 872, 360		41.00
43. 00 04300 NURSERY			_/ =/ =/ ===		43.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATI NG ROOM		0. 05820	65 102, 944	5, 998	50.00
51.00 05100 RECOVERY ROOM		0. 0862	79 3, 363	290	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 28438	38 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 11712	28 72, 298	8, 468	54.00
55. 00 05500 RADI OLOGY - THERAPEUTI C		0. 1024	13 0	0	55.00
56. 00 05600 RADI OI SOTOPE		0. 01992	20 0	0	56.00
56. 01 03950 CARDI AC CATH LAB		0. 04773		0	
57. 00 05700 CT SCAN		0. 03095		1, 554	
58. 00 05800 MRI		0. 06668		937	58.00
60. 00 06000 LABORATORY		0. 11354		26, 139	1
65. 00 06500 RESPI RATORY THERAPY		0. 17002		21, 779	
66. 00 06600 PHYSI CAL THERAPY		0. 29008		304, 706	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 17170		170, 352	
68. 00 06800 SPEECH PATHOLOGY		0. 20390		59, 616	
69. 00 06900 ELECTROCARDI 0LOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 11594		1, 512	
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 3213 0. 23858		0 45, 979	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 3565		43, 979	
73. 00 07300 DRUGS CHARGED TO PATTENTS		0. 42596		122, 878	
73. 01 07301 DI ABETES CENTER		121. 81004		122, 878	1
74. 00 07400 RENAL DI ALYSI S		0. 50580		17, 399	
76. 00 03480 0NC0L0GY		0. 2491		0	
76. 01   03952   ANTI COAGULATI ON		0. 45912		0	
76. 02 03951 I NFUSI ON SERVI CES		0. 2192		0	1
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0.0000		0	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION		0.0000	0 00	0	77.00
OUTPATI ENT SERVI CE COST CENTERS					1
90. 00 09000 CLINIC		1. 60204	95 0	0	90.00
91. 00 09100 EMERGENCY		0. 13100	0 80	0	91.00
91. 01 04950 WOUND CARE		3. 9051		0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 0562		0	
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)		0. 37288	31 9, 453	3, 525	92.01
OTHER REI MBURSABLE COST CENTERS					0.5.6-
95. 00 09500 AMBULANCE SERVICES			0 554 440	010 (0)	95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)	(line (1)		3, 551, 112	818, 606	
201.00Less PBP Clinic Laboratory Services-Program only charges202.00Net charges (line 200 minus line 201)	(II ne 61)		0 3, 551, 112		201.00

NPATIF	Financial Systems FRANCISCAN HEALTH	Provider C	CN: 15-0109	Peri od:	Worksheet D-3	2552
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Ti tl	e XIX	Hospi tal	Cost	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col. 2)	
			1.00	2.00	3.00	
1	NPATIENT ROUTINE SERVICE COST CENTERS					
0.00	D3000 ADULTS & PEDI ATRI CS			32, 903, 009		30.
1.00 0	D3100 I NTENSI VE CARE UNI T			4, 930, 802		31.
	D2060 NEONATAL INTENSIVE CARE UNIT			11, 659, 005		35.
	04100 SUBPROVI DER – I RF			0		41.
	D4300 NURSERY			0		43.
	ANCI LLARY SERVICE COST CENTERS					
	D5000 OPERATING ROOM		0.0582		633, 649	
	D5100 RECOVERY ROOM		0.0862		45, 774	51.
	D5200 DELIVERY ROOM & LABOR ROOM		0.2843		0	52.
	D5400 RADI OLOGY-DI AGNOSTI C		0. 1170		484, 961	54.
	D5500 RADI OLOGY - THERAPEUTI C		0. 1024		69, 970	
	D5600 RADI OI SOTOPE		0.01992		0	56.
	03950 CARDI AC CATH LAB		0.04773		274, 563	
	D5700 CT SCAN		0.0309		87, 201	57
	05800 MRI 06000 LABORATORY		0.0666		40, 427	
	26000 LABORATORY THERAPY		0. 1134		1, 288, 798 898, 500	
	D6600 PHYSI CAL THERAPY		0. 1700.		316, 083	
	D6700 OCCUPATI ONAL THERAPY		0. 17170		155, 470	
	D6800 SPEECH PATHOLOGY		0. 2039		64, 116	
	D6900 ELECTROCARDI OLOGY		0. 11593		236, 095	
	D7000 ELECTROENCEPHALOGRAPHY		0. 3213		61, 933	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 2385		13, 807	71
	D7200 I MPL. DEV. CHARGED TO PATIENTS		0. 3565		13,007	72
	D7300 DRUGS CHARGED TO PATIENTS		0. 4259		3, 588, 697	73
	D7301 DI ABETES CENTER		121.8100		0,000,077	73
	07400 RENAL DIALYSIS		0. 50580		137, 417	
	03480 ONCOLOGY		0. 2491		0	
	03952 ANTI COAGULATI ON		0. 4591		0	76
	03951 I NFUSI ON SERVI CES		0. 2192		0	76
. 98 0	07698 HYPERBARI C OXYGEN THERAPY		0.0000	0 00	0	76
	D7700 ALLOGENEIC STEM CELL ACQUISITION		0.0000	0 00	0	77
	DUTPATIENT SERVICE COST CENTERS					
	09000 CLINIC		1.6020		0	
	D9100 EMERGENCY		0. 1308		690, 639	
	04950 WOUND CARE		3. 9051		0	91
	09200 OBSERVATION BEDS (NON-DISTINCT PART		0.0562		0	
	09201 OBSERVATION BEDS (DISTINCT PART)		0. 3728	81 471, 948	175, 980	92.
	OTHER REIMBURSABLE COST CENTERS					1 05
	09500 AMBULANCE SERVICES			(1.00( 100	0 044 000	95
00.00	Total (sum of lines 50 through 94 and 96 through 98) Less PBP Clinic Laboratory Services-Program only charges	(line (1)		61, 096, 108	9, 264, 080	200
	THESS PRE LITURE LADORATORY SERVICES-PRODEAM ONLY CHARGES		1	()		1201

	ancial Systems FRANCISCAN HEALTH ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0109	Peri od:		of Form CMS-2 Norksheet D-3	
	ANCIELARI SERVICE COST AFFORTIONMENT	FIOVICEIC	CN. 15-0109	From 01/01/2		NOT KSHEEL D-3	
		Component	CCN: 15-T109	To 12/31/2	022 [	Date/Time Pre 5/30/2023 7:1	
		Ti tl	e XIX	Subprovi der		Cost	s pili
	Cost Center Description		Ratio of Cos	IRF st Inpatien	t	Inpati ent	
			To Charges			rogram Costs	
				Charges	(0	col. 1 x col.	
			1.00	0.00		2)	
	TIENT ROUTINE SERVICE COST CENTERS		1.00	2.00		3.00	
	0 ADULTS & PEDIATRICS						30.00
	0 I NTENSI VE CARE UNI T						31.00
	O NEONATAL INTENSIVE CARE UNIT						35.00
	O SUBPROVIDER - IRF			598,	112		41.00
43.00 0430	0 NURSERY						43.00
	LLARY SERVICE COST CENTERS		1				
	O OPERATING ROOM		0. 0582		0	0	50.00
	O RECOVERY ROOM		0.0862		0	0	51.00
	O DELIVERY ROOM & LABOR ROOM		0. 2843		0	0	52.00
	0 RADI OLOGY-DI AGNOSTI C		0. 1170		0	0	54.00
	0 RADI OLOGY - THERAPEUTI C		0. 1024		0	0	55.00
	IO RADI OI SOTOPE O CARDI AC CATH LAB		0. 0199		0	0	56. 0 56. 0
	O CT SCAN		0.0477		0	0	57.0
	0 MRI		0.0666		0	0	58.0
	0 LABORATORY		0. 1134		o	0	60.00
	0 RESPIRATORY THERAPY		0. 1700		o	0	65.0
	0 PHYSI CAL THERAPY		0. 2900		0	0	66.0
67.00 0670	O OCCUPATIONAL THERAPY		0. 1717		0	0	67.0
68.00 0680	O SPEECH PATHOLOGY		0. 2039	61	0	0	68.0
69.00 0690	0 ELECTROCARDI OLOGY		0. 1159	38	0	0	69.0
	0 ELECTROENCEPHALOGRAPHY		0. 3213		0	0	70.0
	O MEDI CAL SUPPLI ES CHARGED TO PATI ENT		0. 2385		0	0	71.0
	O IMPL. DEV. CHARGED TO PATIENTS		0.3565		0	0	72.0
	O DRUGS CHARGED TO PATIENTS		0. 4259		0	0	73.0
	1 DI ABETES CENTER		121.8100		0	0	73.0
	IO RENAL DI ALYSI S IO ONCOLOGY		0. 5058		0	0	74.0 76.0
	2 ANTI COAGULATI ON		0. 2491		0	0	76.0
	1 I NFUSI ON SERVICES		0. 4391		0	0	76.0
	8 HYPERBARI C OXYGEN THERAPY		0.0000		o	0	76.9
	O ALLOGENEI C STEM CELL ACQUI SI TI ON		0.0000		Ö	0	
	ATIENT SERVICE COST CENTERS						
90.00 0900	O CLINIC		1.6020	95	0	0	90.00
91.00 0910	0 EMERGENCY		0. 1308	37	0	0	91.00
	O WOUND CARE		3. 9051		0	0	91. 0 <sup>.</sup>
	O OBSERVATION BEDS (NON-DISTINCT PART		0. 0562		0	0	92.00
	1 OBSERVATION BEDS (DISTINCT PART)		0. 3728	81	0	0	92. 0 <sup>4</sup>
	R REIMBURSABLE COST CENTERS		1		-		
	0 AMBULANCE SERVICES					0	95.00
200. 00 201. 00	Total (sum of lines 50 through 94 and 96 through 98) Less PBP Clinic Laboratory Services-Program only charges	(lino 61)			0	0	200. 00 201. 00
	TIESS FOR VEHILL LADULATURY SERVICES PRODUBIL OULV COAFGES	s (LILLE OL)	1	1	U		1201.U

Internet         Internet         Internet         Internet           00         100         100           01         005		Financial Systems FRANCISCAN HEALTH LA ATION OF REIMBURSEMENT SETTLEMENT P	AFAYETTE rovider CCN: 15-0109 Title XVIII	In Lie Period: From 01/01/2022 To 12/31/2022 Hospital	u of Form CMS-2 Worksheet E Part A Date/Time Pre 5/30/2023 7:1: PPS	pared:
PMT A         LINNTIFY         LINNT FLASSED INCLUSE         LINNT           000000000000000000000000000000000000				nospitui		
1.01       Not another other than outlier payments for discharges occurring prior to botober 1 (see       24.026.232       1.01         1.02       Distructions)       7.885.077       1.02         1.03       Distructions)       0       1.01         1.04       Distructions)       0       0.10       0.		PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
1. Unit run finite regiments for discharges accurring on or after Detaber 1 (see       7,886,077       1.02         1.03       UBC for federal specific operating payment for Mool 4 BPCI for discharges occurring on or after       0       1.03         1.04       UBC for federal specific operating payment for Mool 4 BPCI for discharges occurring on or after       0       1.03         1.04       UBC for federal specific operating payment for Mool 4 BPCI for discharges occurring on or after       0       1.04         0.00       Unit for redoral specific operating payment for Mool 4 BPCI for discharges occurring on or after       0       0         0.00       Unit for payment for discharges for Mool 4 BPCI for discharges occurring on or after October 1 (see instructions)       0       0         0.00       Unit for payment for discharges for Mool 4 BPCI for the DST reporting period ending on       0       0         0.00       Discharge for discharges for Mool 4 BPCI for the CAL201 (see instructions)       174 92       4.00         0.00       Discharge for a status of the payments for discharges for the ecaptual for gainskee closed under 512 0       0.00       5.00         0.01       Escant for all opathic and ostoppital programs for the capt reporting period ending on       0.00       5.00         0.01       Escant for all opathic and ostoppital programs in accordance with 413 76(b)       0.00       6.00       7.00		3	, prior to October 1 (		-	
Instructions)       Instructions       0 </td <td>1.01</td> <td></td> <td>j prior to october i (</td> <td>see</td> <td>24, 020, 232</td> <td>1.01</td>	1.01		j prior to october i (	see	24, 020, 232	1.01
1000       BBC for foddral specific operating payment for Wodel 4 BPCI for discharges occurring prior to 0.000er       0       1.03         1000       BBC for foddral specific operating payment for Wodel 4 BPCI for discharges occurring on or after       0       0         000       Duttlier reconciliation accurre       0       0       0       0         000       Duttlier reconciliation accurre       0	1.02		g on or after October	1 (see	7, 885, 077	1. 02
1.04         Disk for federal spelific personal payment for block 4 UPCL for discharges occurring on or after         0         1.04           0.05         Outlier payments for discharges. (see instructions)         2.03           0.00         Outlier payments for discharges for Wold 4 UPCL (see instructions)         896.001         2.03           0.00         Iteration payments for discharges courring on or after October 1 (see instructions)         896.001         2.03           0.00         Iteration payments for discharges occurring on or after October 1 (see instructions)         114.8,434         2.04           0.00         Iteration and deal by number of days in the cast reporting period ending on or before 2/31/1986, See instructions)         114.2,24         6.00           0.00         FE count for allopathic and oslopathic programs for the most recent cost reporting period ending on or before 2/31/1986, See instructions)         0.00         6.00           0.01         FE count for allopathic and oslopathic programs for the most recent cost reporting period ending on 0.00         0.00         6.00         6.00           0.02         FE count for allopathic and oslopathic programs for the fact fact fact fact fact fact fact fact	1.03	DRG for federal specific operating payment for Model 4 BPCI for	di scharges occurri ng	orior to October	0	1.03
2.00       Duttier payments for discharges. (see instructions)       2.00         0.01       Duttier payment for discharges for Model 4 BPC (see instructions)       0.01         2.00       Duttier payment for discharges for Model 4 BPC (see instructions)       0.01         2.01       Duttier payment for discharges counting on or after botober 1 (see instructions)       0.01         2.00       Duttier payments       0.01         2.01       Description for all optimized discharges counting on or after botober 1 (see instructions)       0.02         3.00       Nuraged Carv Sinulated Payments       0.00       5.00         5.00       FE count for all optimic and ostepathic programs for the most recent cost reporting period ending on everypayment in accordance with 42 CIR 413.74(2)       0.00       6.00         5.01       FE count for all optimic and ostepathic programs for the most recent cost report straide spin 1.020 (see instructions)       0.00       6.00         6.02       Read Sirvack program FE cap ill instructions       0.00       6.00         7.02       All Sistemat for capasity in the Cap as specified under 42 CIR 9412.105(7)(1)(1)(9)(0)(1)       0.00       7.02         7.03       All Sistemat for capasity in the Capa as specified under 5503 of the ACA 11 PS 7(b)       0.00       7.02         7.04       All Sistemat for capasity in the Capa spase fied under 42 CIR 9412.105(7)(1)(1)(9)(2)(2)	1.04	DRG for federal specific operating payment for Model 4 BPCI for	di scharges occurri ng	on or after	0	1.04
2.02         Outlier payment for discharges courring prior to tocher 1 (see instructions)         0         0         2.03           0.011er payment for discharges courring prior to tocher 1 (see instructions)         148.43         2.04           0.011er payment for discharges courring on or after October 1 (see instructions)         148.43         2.04           0.00         indirect Medical Education Adjustment         174.92         4.00           0.01         indirect Medical Education Adjustment         0.00         5.00         5.00           0.01         indirect Medical Education Adjustment         0.00         5.00         6.00         7.00         0.00         5.00         6.00         7.00         0.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.0	2.00					2.00
2.03       bittler payments for discharges occurring on or after October 1 (see instructions)       966.00       2.03         0.01       bittler payments for discharges occurring on or after October 1 (see instructions)       1784.42.24         0.00       Bed days avail tails divided by number of days in the cost reporting period (see instructions)       1784.22       4.03         0.01       Description (See instructions)       1784.22       4.03         0.01       For before 172/11/986, (See instructions)       1784.22       4.03         0.01       For before 172/11/986, (See instructions)       0.00       5.00         0.01       FE cap adjustment for qualifing hospituls under \$131 of the CAA 2021 (see instructions)       0.00       6.00         0.01       FE cap adjustment for the Cap Attract program for the life or add - 2 CIR \$412.105(T)(1)(1)(9)(0)(1)       0.00       7.00         1.02       Read I track program sin accordance with 42 CER 413.77(c)       1.00       7.00       7.00         1.03       RAG I track program sin accordance with 42 CER 413.75(b), 413.79(c)(2)(1)(1)(9)(0)(1)       0.00       7.00         1.04       RAG I track program sin accordance with 42 CER 413.75(b), 413.79(c)(2)(1)(1)(9)(2)(1)(1)       0.00       7.00         1.04       RAG I track program sin accordance with 42 CER 413.75(b), 413.79(c)(2)(1)(1)(4)(6)(2)(1)       0.00       7.00		Outlier reconciliation amount	、 、		-	
2.04         Outlier joyments for all scharings accurring on or after 0:cther <sup>1</sup> (see instructions)         148,44         2.04           0         Manage Care Simulated Payments         174.92         4.00         3.00           1.00         Paddage Care Simulated Payments         174.92         4.00         3.00           1.00         File cape distingt in Control (See Instructions)         174.92         4.00         5.00           1.01         File cape distingt in Control (See Instructions)         174.92         4.00         5.00           1.01         File cape distingt in Control (See Instructions)         0.00         5.00         5.00           1.02         File cape distingt in Control (See Instructions)         0.00         5.00         6.00           1.02         File cape distingt in Control (See Instructions)         0.00         5.00         6.00           1.03         Adjustment (Increase on decrease) to the IWE cape as specified under 42 CFR 5412.105(f)(1)(1)(1)(8)(2)(1)         0.00         7.02           1.04         Adjustment (Increase on decrease) to the IWE cape as specified under 42 CFR 5412.105(f)(1)(1)(1)(8)(2)(1)         0.00         7.02           1.04         Adjustment (Increase on decrease) to the IWE cape as specified under 42 CFR 5412.105(f)(1)(1)(1)(8)(2)(1)         0.00         7.02           1.04         File					-	
4.00       Bed days available divided by number of days in the cost reporting period (see instructions)       174-92       4.00         5.00       FIF count for allegathic and esteapathic programs for the maxt recent cost reporting period ending on or bofore 12/31/94 (see instructions)       0.00       5.00         5.01       FIE count for allegathic and esteapathic programs for the cA2 021 (see instructions)       0.00       5.00         5.01       FIE cop adjustment for qualiting hospital under \$131 of the CA2 021 (see instructions)       0.00       6.00         6.26       Bural track programs in accordance with 42 CFR 413.79(c)       0.00       6.26       0.00       6.26         7.00       MAA Section 422 reduction amount to the IME cap as specified under 42 CFR 9412.105(f)(1)(v)(b)(1)       0.00       7.00         7.02       Adjustment (increase or decrease) to the hospital's tural track programs FIE inlatted not(s) for rural track programs in accordance with 413.75(b)       0.00       7.00         7.01       May add f FR 49075 (August 10.2022) (see instructions)       0.41 Statement (increase or decrease) to the FIE count for all pathic and esteapathic programs for all one of the CA2 11 see instructions)       0.00       8.00         8.01       report stradiues July 1, 2011, see instructions)       0.01       8.01       8.01         9.00       restructions)       0.02       0.02       8.01       8.01       8.01	2.04	Outlier payments for discharges occurring on or after October 1			148, 434	2.04
Indirect Medical Education Adjustment         Indirect Medical Education Adjustment           0.00         FTE count For allopathic and osteopathic programs for the most recent cost reporting period ending on the formal Education adjustment for qualifing heapstials under \$131 of the CAA 2021 (see instructions)         0.00         5.00           6.00         FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for 0.00         0.00         6.00         7.01         6.00         6.00         7.01         6.00         7.01         7.01         7.01         7.01         7.01         7.01         7.01         7.02         7.01         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.01         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02		5	na period (see instru	ctions)	-	
or before 12/3/1996. (see instructions)         0.00         6.00         FTE count for all ipathic and ostepathic programs that emet the criteria for an advance to the cap for 0.00         0.00         6.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         7.00         0.00         8.00         7.00         0.00         8.00         7.00         0.00         8.00         7.00         7.00		Indirect Medical Education Adjustment		,		
6.00       FTE count for allopathic and osteopathic programs that eact the criteria for an add-on to the cap for new programs. In accordance with A2 CFR 413.79(e)       0.00       6.00         6.26       Rural track program ETE cap limitation adjustment after the cap-building window closed under \$127 of the CAA 2021 (see Instructions)       0.00       6.00         7.00       MAA Section 422 reduction amount to the IME cap as specified under 42 CFR 413.106(f) (1)(iv)(8)(0)       0.00       7.00         7.02       Adjustment (increase or decrease) to the hospital 's rural track programs in accordance with 413.75(b) and 67 fR 40075 (August 10, 2022) (see instructions).       0.00       7.00         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)(1)(·). 44 FR 2040 (May 12, 1998), and 67 FR 80069 (August 1, 2002).       0.00       8.00         8.01       The amount of increase if the hospital was awarded FTE cap slots under \$503 of the CAA 2021 (see instructions).       0.00       8.00         8.11       The amount of increase if the hospital was awarded FTE cap slots under \$126 of the CAA 2021 (see instructions).       0.00       8.00         8.11       The amount of increase if the hospital was awarded FTE cap slots under \$126 of the CAA 2021 (see instructions).       0.00       8.00         8.11       The amount of increase if the hospital was awarded FTE cap slots under \$126 of the CAA 2021 (see instructions).       0.00 </td <td></td> <td>or before 12/31/1996. (see instructions)</td> <td></td> <td>0</td> <td></td> <td></td>		or before 12/31/1996. (see instructions)		0		
new programs in accordance with 42 CFR 413.7%(e)         6.26         6.27         6.27         6.28         6.29         6.28         6.28         6.28         6.29         6.28         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29         6.29 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
the CAA 2021 (see Instructions)         0.00         7.00         MA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(1)(9)(2)(2) if the cost report stradded is July 1, 2011 then see instructions in accordance with 43.75(b)         0.00         7.00           7.00         MA Section 422 report stradded is July 1, 2011 then see instructions in accordance with 43.75(b)         0.00         7.00           8.00         mod 57 FR 4075 (August 10, 2022) (see Instructions)         in accordance with 43.75(b)         0.00         7.00           8.00         mod 57 FR 4075 (August 10, 2022) (see Instructions)         and onter control instructions in accordance with 43.75(b)         0.00         8.00           8.01         the amount of increase if the hospital was awarded FE cap slots under § 5503 of the ACA. If the cost under § 5503 of the CAA. If the cost under § 5503 of the CAA. If the cost under § 5503 of the CAA. If the cost under § 5503 of the CAA. If the cost under § 5503 of ACA. (see instructions)         0.00         8.01           8.01         The amount of increase if the hospital was awarded FE cap slots under § 126 of the CAA 2021 (see Under § 5503 of ACA. (see instructions)         0.00         8.01           9.00         Sam of 1 lines 5.01 structions         0.00         1.00         0.00         1.00           10.00         The amount of increase if the hospital was awarded FE cap slots under § 126 of the CAA 2021 (see Under § 5503 of ACA. (see instructions)         0.00         0.00		new programs in accordance with 42 CFR 413.79(e)				
7.01       ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(i)(8)(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 programs it initiation(s) for rural track for Medicare (ME affiliated programs in accordance with 413.75(b) and 87 FR 40075 (August 10, 2022) (see instructions)       0.00       0.00       7.02         8.00       Adjustment (increase or decrease) to the HE E count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b). 413.79(c) (2)(1), 64 FR 26340 (May 12, 1993), and 67 FR 50060 (August 1, 2002).       0.00       8.00         8.01       The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the CAA 2021 (see instructions).       0.00       8.01         8.02       The sount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions).       0.00       8.02         8.21       The sount of allopathic and osteopathic programs.       0.00       8.00       0.00       8.01         0.00       FTE count for nerese if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)       0.00       9.00       0.00       9.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	6.20		-building window close	a under §127 of	0.00	6.20
cost report straddles July 1, 2011 then see instructions.         0.00         0.00         7.02           20         Adjustment (increase or decrease) to the hospital's rural track programs in accordance with 413.75(b) and 87 FR 4005 (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 FFR 413.75(b) (A13.79(c) (2)(v). 64 FR 26340 (May 12, 1990), and 67 FR 30066 (August 1, 2002).         8.00         8.01           8.01         heamount or increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost instructions.         0.00         8.02           9.00         Sum of lines 5 and 5.01, plus line 6, plus lines 8.0 through 8.27 (see instructions).         0.00         8.01           9.00         Sum of Lines 5 and 5.01, plus line 6, plus lines 8.0 through 8.27 (see instructions).         0.00         9.00           9.00         Current year allowable FTE court for the prior grams.         0.00         9.00         10.00           10.00         FTE court for allopathic and osteopathic programs.         0.00         10.00         10.00           11.00         Current year allowable FTE court for the prior year.         0.00         10.00         10.00           12.00         Total allowable FTE court for the prior year.         0.00         10.00         10.00						
track programs with a rural track for Wedicare GME affiliated programs in accordance with 413.75(b)       8.00         Adjustment (increase or decrease) to the FTE court for allopathic and osteopathic programs for affiliated programs in accordance with 2(FR 13.75(b), 133.79(c)(2)(iv), 64 FR 2340( May 12, 1998), and 67 FR 5006 (August 1, 2002).       8.00         8.01       The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost under § 5506 of ACA. (see instructions)       0.00       8.00         8.21       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)       0.00       8.02         9.03       Sam of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)       0.00       10.00         9.00       Sam of lines 5 and 5.01, plus line 6, plus lines 6.01 through 8.27 (see instructions)       0.00       10.00         11.00       Determity year all oneable FTE court for the point years.       0.00       10.00         12.00       Durner types all oneable FTE court for the peruly timate year if that year ended on or after September 30, 1997, doi: 10.00       10.00         13.00       Data all owable FTE court for the peruly timate year if that year ended on or after September 30, 1997, doi: 10.00       10.00         14.00       Otal all owable FTE court for the peruly tine 4.9.       0.00       1	7.01		2 CFR 9412.105(T)(1)(1)	V)(B)(2) IT the	0.00	7.01
and 87 FE 49075 (August 10, 2022) (see instructions)       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       8.00         affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).       0.00       8.00       8.00         8.01       The amount of increase if the hospital was awarded FIE cap slots under § 5503 of the ACA. If the cost report stradiles July 1, 2011, see instructions)       0.00       8.01         8.12       The amount of increase if the hospital was awarded FIE cap slots under §126 of the CAA 2021 (see instructions)       0.00       8.02         9.00       Sum of Lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)       0.00       9.00         10.00       FIE count for relidents in dental and podiatric programs.       0.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       10.00       11.00       10.00       11.00       10.00       10.00       11.00       10.00       11.00       10.00       11.00       10.00       11.00       10.00       11.00       11.00       11.00       11.00       11.00       10.00       11.00       10.00       11.00       10.00       11.00       10.	7.02				0.00	7.02
affiliated programs in accordance with 42 CFR 413.75(b). 413.79(c) (2) (iv), 64 FR 26340 (May 12, 1996), and 67 FR 5069 (August 1, 2002).       8.01         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 under § 126 of the CAA 2021 (see instructions).       0.00       8.01         9.00       Sum of I increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions).       0.00       8.01         9.00       Sum of I increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions).       0.00       0.00       8.01         9.00       Sum of I increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions).       0.00 <td>0.00</td> <td>and 87 FR 49075 (August 10, 2022) (see instructions)</td> <td>0</td> <td></td> <td>0.00</td> <td>0.00</td>	0.00	and 87 FR 49075 (August 10, 2022) (see instructions)	0		0.00	0.00
8.01       The amount of increase if the hospital was awarded FE cap slots under § 5503 of the ACA. If the cost representation of increase if the hospital was awarded FE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)       0.00       8.01         8.02       The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)       0.00       8.02         9.00       Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)       0.00       8.01         10.00       FTE count for call opathic and esteppathic programs in the current year from your records       0.00       10.00         11.00       Current year all owable FTE count for the penditaric programs.       0.00       13.00         12.00       Current year all owable FTE count for the penditaric program (see instructions)       0.00       13.00         13.00       Total allowable FTE count for the penditaric losure       0.00       15.00         0.01       Adjustment for residents in initial years of the program (see instructions)       0.00       16.00         10.00       FTE count for resident adjuaced by program on hospital closure       0.00       16.00       0.000         10.00       Pror year resident to bed ratio (line 18 divided by line 4).       0.000       0.000       0.000	8.00				0.00	8.00
report straddles July 1, 2011, see instructions.0.008.02The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)0.008.028.21The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)0.008.219.00Sum 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)0.0010.0010.00FTE count for allopathic and osteopathic programs. Into and podiatric programs.0.0010.0012.00Current year allowable FTE count for the prior year. otherwise enter zero.0.0013.0013.00Total allowable FTE count for the prior year.0.0014.0015.00Sum of Lines 12 through 14 divided by 3. otherwise enter zero.0.0016.0016.00Adjustment for residents in initial years of the program (see instructions)0.0016.0017.00Adjustment for residents displaced by program or hospital closure 0.000.00000000.00000019.00Current year resident to bed ratio (line 18 divided by line 4). 0.0000000.00000000.00000010.01Expanse of lines 19 or 20 (see instructions) 0.010.000.00000021.0022.00IHE payment adjustment for the Add-on for § 422 of the MMA 0.0000000.00000022.0023.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.0000020.0000000	8 01		under 8 5503 of the	NCA If the cost	0.00	8 01
under § 5506 of ACA. (see instructions)referencereference8.21The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see0.008.219.00Sum 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)0.009.0010.00FTE count for residents in dental and podiatric programs. 0.000.0010.000.0012.00Current year allowable FTE (see instructions)0.0011.0013.00Total allowable FTE count for the prior year. 0.000.0012.0014.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.000.0014.0015.00Sum of lines 12 through 14 divided by 3. 0.000.000.0016.0016.00Adjustment for residents in initial years of the program (see instructions)0.000.0017.00Adjustment for residents in alloyable erre count 0.0000.0018.0019.00Current year resident to bed ratio (see instructions)0.00000019.0010.00FTE count for the Add-on for § 422 of the MMA0.00000021.0010.00Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA0.00000020.01IME payment adjustment for the Add-on for § 422 of the MMA0.0020.02Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA0.00000021.00Indirect Medical Education Adjustment for the Add-on for § 4		report straddles July 1, 2011, see instructions.				
instructions)9.00Sum 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)0.009.0010.00FTE count for allopathic and osteopathic programs in the current year from your records0.0010.0010.00Current year allowable FTE (see instructions)0.0011.0012.00Current year allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.0013.0014.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.0015.0015.00Sum of lines 12 through 14 divided by 3.0.0015.0016.00Adjustment for residents displaced by program or hospital closure0.0018.0010.00Prior year resident to bed ratio (line 18 divided by line 4).0.000.0010.00Prior year resident to bed ratio (see instructions)0.000.0022.00IME payment adjustment (see Instructions)0.22.0010.00IME payment adjustment for the Add-on for § 422 of the MMA0.0023.00IME payment adjustment factor. (see instructions)0.22.0024.00IME FTE Resident Count Over Cap (see instructions)0.22.0025.00IME payment adjustment factor. (see instructions)0.22.0026.00IME payment adjustment factor. (see instructions)0.22.0027.01IME payment adjustment for the Add-on for § 422 of the MMA0.000000	8.02		s from a closed teachi	ng hospital	0.00	8.02
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10.00FTE count for allopathic and osteopathic programs in the current year from your records0.0010.0011.00FTE count for residents in dental and podiatric programs.0.0011.0012.00Current year allowable FTE count for the prior year.0.0012.0013.00Total allowable FTE count for the prior year.0.0013.0014.00Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.0.0014.0015.00Sum of lines 12 through 14 divided by 3.0.0016.0016.0016.00Adjustment for residents in initial years of the program (see instructions)0.0016.0017.00Adjusted rolling average FTE count0.0018.0019.00Current year resident to bed ratio (see instructions)0.0000019.0010.00Prior year resident to bed ratio (see instructions)0.000.00000020.0010.00Prior year resident to bed ratio (see instructions)0.000.00000021.0022.00IME payment adjustment (see instructions)022.000.00000021.0023.00Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA0.0023.0024.0024.00IME payment adjustment factor, (see instructions)00.00000024.0025.00If the amount on line 24 is greater than -0., then enter the lower of line 23 or line 24 (see instructions)028.0026.00IME add-on adjustment factor, (see instructions)028.00	9.00			7.01, plus or	0.00	9.00
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32.00         Sum of Lines 30 and 31         30.50         32.00           33.00         Allowable disproportionate share percentage (see instructions)         14.37         33.00			ent uays (see Instruc	(1 UIIS)		
33.00 Allowable disproportionate share percentage (see instructions) 14.37 33.00						
34. 00  Disproportionate share adjustment (see instructions)       1, 146, 415   34. 00	33.00	Allowable disproportionate share percentage (see instructions)			14.37	33.00
	34.00	Disproportionate share adjustment (see instructions)			1, 146, 415	34.00

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Period: From 01/01/2022		parad
			To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
	Uncompensated Care Payment Adjustment		1.00	2.00	
35.00	Total uncompensated care amount (see instructions)		7 192 008 710	6, 874, 403, 459	35.0
35.01	Factor 3 (see instructions)		0. 000550953		35.0
35. 02	Hospital UCP, including supplemental UCP (If line 34 is zer	ro, enter zero on this line	) 3, 962, 460	3, 944, 044	35.0
	(see instructions)		0.0(0.700		
35.03 36.00	Pro rata share of the hospital UCP, including supplemental Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		2, 963, 702 3, 957, 818		35. 0 36. 0
0.00	Additional payment for high percentage of ESRD beneficiary				30.0
10.00	Total Medicare discharges (see instructions)		0		40.0
1.00	Total ESRD Medicare discharges (see instructions)		0		41.0
1. 01	Total ESRD Medicare covered and paid discharges (see instru		0		41.0
2.00	Divide line 41 by line 40 (if less than 10%, you do not qua	llify for adjustment)	0.00		42.0
4.00	Total Medicare ESRD inpatient days (see instructions) Ratio of average length of stay to one week (line 43 divide	d by Line 41 divided by 7	0.00000		43.0 44.0
4.00	days)	a by The 41 divided by 7	0.00000		44.0
5. 00	Average weekly cost for dialysis treatments (see instruction	ns)	0.00		45.0
6. 00	Total additional payment (line 45 times line 44 times line	41.01)	0		46.0
7.00	Subtotal (see instructions)		38, 059, 986		47.0
8.00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48.0
	only. (see instructions)			Amount	
				1.00	
9.00	Total payment for inpatient operating costs (see instruction			38, 059, 986	49.
0.00	Payment for inpatient program capital (from Wkst. L, Pt. I Exception payment for inpatient program capital (Wkst. L, P			2, 800, 463 0	50. 51.
2.00	Direct graduate medical education payment (from Wkst. E, P			0	52.
3.00	Nursing and Allied Health Managed Care payment			583, 105	53.
4.00	Special add-on payments for new technologies			230, 959	54.
4. 01	Islet isolation add-on payment			0	
5.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line				54.
		e 69)		0	55.
	Cellular therapy acquisition cost (see instructions)				55. 55.
6.00	Cost of physicians' services in a teaching hospital (see in	itructions)	brough 35)	0 0 0	55. 55. 56.
6. 00 7. 00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt.	tructions) III, column 9, lines 30 t	hrough 35).		55. 55. 56.
6. 00 7. 00 8. 00	Cost of physicians' services in a teaching hospital (see in	tructions) III, column 9, lines 30 t	hrough 35).	0 0 1, 876, 280	55. 55. 56. 57. 58.
6.00 7.00 8.00 9.00 0.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040	55. 55. 56. 57. 58. 59. 60.
6.00 7.00 8.00 9.00 0.00 1.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400	55. 55. 56. 57. 58. 59. 60. 61.
6.00 7.00 8.00 9.00 0.00 1.00 2.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528	55. 55. 56. 57. 58. 59. 60. 61. 62.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130	55. 55. 57. 58. 59. 60. 61. 62. 63.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822	55. 55. 57. 58. 59. 60. 61. 62. 63. 64.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200) nus line 60)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784	55. 55. 57. 58. 59. 60. 61. 62. 63. 64. 65.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)	ntructions) III, column 9, lines 30 t . IV, col. 11 line 200) nus line 60)	hrough 35).	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822	55. 55. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for	ntructions) III, column 9, lines 30 t IV, col. 11 line 200) nus line 60) astructions) or applicable to MS-DRGs (s	ee instructions)	$\begin{array}{c} 0\\ 0\\ 1,876,280\\ 108,647\\ 43,659,440\\ 21,040\\ 43,638,400\\ 2,981,528\\ 66,130\\ 185,822\\ 120,784\\ 61,645\\ 40,711,526\\ 0\end{array}$	55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo Outlier payments reconciliation (sum of lines 93, 95 and 96	ntructions) III, column 9, lines 30 t IV, col. 11 line 200) nus line 60) astructions) or applicable to MS-DRGs (s	ee instructions)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 52 0 0	55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 64. 65. 66. 67. 68. 69.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.structionsy or applicable to MS-DRGs (s b). (For SCH see instruction	ee instructions) s)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 526 0 0	55. 55. 57. 58. 59. 60. 61. 62. 63. 64. 65. 64. 65. 66. 67. 68. 70.
6.00 7.00 8.00 9.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) http://www.structions) http://www.structionscience.com/ http://www.struction.com/ http://wwww.struction.com/ http://wwww.struct	ee instructions) s)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 526 0 0 0	55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 70.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00 0.50 0.75	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.structions) or applicable to MS-DRGs (s b). (For SCH see instruction https://www.stration) adjustment (see	ee instructions) s)	$\begin{array}{c} 0\\ 0\\ 1, 876, 280\\ 108, 647\\ 43, 659, 440\\ 21, 040\\ 43, 638, 400\\ 2, 981, 528\\ 66, 130\\ 185, 822\\ 120, 784\\ 61, 645\\ 40, 711, 526\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	55. 55. 57. 58. 59. 60. 61. 62. 63. 64. 65. 64. 65. 66. 67. 68. 70.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.50 0.50 0.75 0.87	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) hr applicable to MS-DRGs (s b). (For SCH see instruction hstration) adjustment (see hn	ee instructions) s)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 526 0 0 0	55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 70. 70.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.50 0.50 0.75 0.87 0.88	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) for applicable to MS-DRGs (s b). (For SCH see instruction hstration) adjustment (see	ee instructions) s)	$\begin{array}{c} 0\\ 0\\ 1, 876, 280\\ 108, 647\\ 43, 659, 440\\ 21, 040\\ 43, 638, 400\\ 2, 981, 528\\ 66, 130\\ 185, 822\\ 120, 784\\ 61, 645\\ 40, 711, 526\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	55. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 70. 70. 70. 70. 70.
6.00 7.00 8.00 9.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.50 0.50 0.57 0.87 0.87 0.87 0.90	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount (see only) Pioneer ACO demonstration payment adjustment amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.astructions) https://www.astruction https://www.astructions/ https://wwww.astructions/ https://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	ee instructions) s)	$\begin{array}{c} 0\\ 0\\ 1, 876, 280\\ 108, 647\\ 43, 659, 440\\ 21, 040\\ 43, 638, 400\\ 2, 981, 528\\ 66, 130\\ 185, 822\\ 120, 784\\ 61, 645\\ 40, 711, 50\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0$	55. 55. 56. 57. 58. 59. 60. 61. 63. 64. 63. 64. 65. 64. 67. 68. 67. 70. 70. 70. 70. 70. 70. 70. 70. 70. 7
6.00 7.00 8.00 9.00 0.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.50 0.50 0.75 0.87 8.88 0.90 0.90 0.91	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount (see instructions) HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.astructions) https://www.astruction https://www.astructions/ https://wwww.astructions/ https://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	ee instructions) s)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 526 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	55. 55. 56. 57. 58. 59. 60. 61. 62. 64. 65. 64. 65. 64. 67. 70. 70. 70. 70. 70. 70. 70. 70. 70. 7
6.00 7.00 8.00 9.00 0.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 0.50 0.50 0.50 0.50 0.75 0.87 0.87 0.88 0.89 0.90 0.90	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Adjusted reimbursable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount (see instructions) HSP bonus payment HVRP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.astructions) https://www.astruction https://www.astructions/ https://wwww.astructions/ https://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	ee instructions) s)	$\begin{array}{c} 0\\ 0\\ 1, 876, 280\\ 108, 647\\ 43, 659, 440\\ 21, 040\\ 43, 638, 400\\ 2, 981, 528\\ 66, 130\\ 185, 822\\ 120, 784\\ 61, 645\\ 40, 711, 526\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	55. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 64. 65. 66. 70. 70. 70. 70. 70. 70. 70. 70. 70. 70
<ul> <li>15. 01</li> <li>16. 00</li> <li>17. 00</li> <li>18. 00</li> <li>19. 00</li> <li>10. 00</li> <li>11. 00</li> <li>12. 00</li> <li>13. 00</li> <li>14. 00</li> <li>15. 00</li> <li>15. 00</li> <li>16. 00</li> <li>17. 00</li> <li>18. 00</li> <li>19. 00</li> <li>10. 00</li> <li>10. 87</li> <li>10. 87</li> <li>10. 87</li> <li>10. 87</li> <li>10. 87</li> <li>10. 90</li> <li>10. 91</li> <li>10. 92</li> <li>10. 92</li> <li>10. 93</li> <li>10. 94</li> </ul>	Cost of physicians' services in a teaching hospital (see in Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 min Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see in Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for Outlier payments reconciliation (sum of lines 93, 95 and 96 OTHER ADJ Rural Community Hospital Demonstration Project (§410A Demon N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount (see instructions) HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	htructions) III, column 9, lines 30 t IV, col. 11 line 200) hus line 60) https://www.structions) https://www.struction.adjustment (see https://www.structions)	ee instructions) s)	0 0 1, 876, 280 108, 647 43, 659, 440 21, 040 43, 638, 400 2, 981, 528 66, 130 185, 822 120, 784 61, 645 40, 711, 526 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	55. 55. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 70. 70. 70. 70. 70. 70. 70. 70. 70

). 97   L				To 12/31/2022	Date/Time Pre 5/30/2023 7:13	
). 97   L		Title	e XVIII	Hospi tal	PPS	
). 97   L			FFY	(уууу)	Amount	<u> </u>
). 97   L				0	1.00	
). 97  l	Low volume adjustment for federal fiscal year (yyyy) (Enter in	n column O		0	0	70.90
1	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column 0		0	0	70.9
	the corresponding federal year for the period ending on or af			0	U	10.9
). 98   [	Low Volume Payment-3				0	70.9
1	HAC adjustment amount (see instructions)				0	
	Amount due provider (line 67 minus lines 68 plus/minus lines (	69 & 70)			40, 709, 105	71.0
1.01	Sequestration adjustment (see instructions)				512, 935	71.0
1.02 [	Demonstration payment adjustment amount after sequestration				0	71.0
1	Sequestration adjustment-PARHM or CHART pass-throughs					71.0
	Interim payments				38, 915, 550	
	Interim payments-PARHM or CHART					72.0
	Tentative settlement (for contractor use only) Tentative settlement-PARHM or CHART (for contractor use only	\ \			0	73.0 73.0
	Balance due provider/program (line 71 minus lines 71.01, 71.0)				1, 280, 620	
	73)	2, 72, 414			1, 200, 020	1 7 4. 0
	Balance due provider/program-PARHM or CHART (see instructions	)				74.0
5. OO   F	Protested amounts (nonallowable cost report items) in accorda	nce with			470, 722	75.0
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			4
	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum o	of 2.03			0	90.0
	plus 2.04 (see instructions) Capital outlier from Wkst. L, Pt. I, line 2				0	91.0
	Operating outlier reconciliation adjustment amount (see instru	uctions)			0	
	Capital outlier reconciliation adjustment amount (see instruc				0	
1	The rate used to calculate the time value of money (see instru				0.00	
	Time value of money for operating expenses (see instructions)	,			0	95.0
5. 00 T	Time value of money for capital related expenses (see instruc	tions)			0	96.0
				Prior to 10/1		
L	ISP Bonus Payment Amount			1.00	2.00	-
	HSP bonus amount (see instructions)			0	0	100. 0
	IVBP Adjustment for HSP Bonus Payment					1
)1. 00 I	HVBP adjustment factor (see instructions)			0.000000000	0.000000000	101.0
)2. 00년	HVBP adjustment amount for HSP bonus payment (see instruction:	s)		0	0	102.0
	IRR Adjustment for HSP Bonus Payment					
	HRR adjustment factor (see instructions)	<b>`</b>		0.0000	0.0000	
	HRR adjustment amount for HSP bonus payment (see instructions)		istmont	0	0	104.0
	Rural Community Hospital Demonstration Project (§410A Demonstr Is this the first year of the current 5-year demonstration pe					200. 0
	Century Cures Act? Enter "Y" for yes or "N" for no.					200.0
	Cost Reimbursement					1
)1.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line	e 49)				201.0
	Medicare discharges (see instructions)					202.0
	Case-mix adjustment factor (see instructions)	<u> </u>	6.11			203. 0
	Computation of Demonstration Target Amount Limitation (N/A in period)	rirst year	or the curren	it 5-year demonst	ration	
	Medicare target amount					204. 0
1	Case-mix adjusted target amount (line 203 times line 204)					205.0
1	Medicare inpatient routine cost cap (line 202 times line 205)				ļ	206.0
-	Adjustment to Medicare Part A Inpatient Reimbursement					1
	Program reimbursement under the §410A Demonstration (see inst					207.0
	Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	line 59)				208.0
	Adjustment to Medicare IPPS payments (see instructions)					209. (
	Reserved for future use					210.
	Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement					211. (
	Total adjustment to Medicare Part A IPPS payments (from line :	211)				212. (
	Low-volume adjustment (see instructions)	2)				212.
	Net Medicare Part A IPPS adjustment (difference between PPS a	nd cost reim	nbursement)			218.

VO	LUME CALCULATION EXHIBIT 4			Provider C	-	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit Date/Time Prep 5/30/2023 7:13	pare
		line	Amounts (from E, Part A)	Pre/Post Entitlement	XVIII Period Prior to 10/01	0n/After 10/01	PPS Total (Col 2 through 4)	
0	DRG amounts other than outlier	0	1.00	2.00	3.00	4.00 0 0	5.00	1
1	payments DRG amounts other than outlier payments for discharges	1.01	24, 026, 232	0	24, 026, 23	2	24, 026, 232	
2	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	7, 885, 077	0		7, 885, 077	7, 885, 077	1
3	1 DRG for Federal specific operating payment for Model 4 BPCL occurring prior to	1. 03	0	0		0	0	1
4	October 1 DRG for Federal specific operating payment for Model 4 BPCL occurring on or after	1. 04	0	0		0	0	1
0	October 1 Outlier payments for	2.00						2
1	discharges (see instructions) Outlier payments for	2. 02	0	0		0 0	0	2
	discharges for Model 4 BPCI			-		-		
2	Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	896, 010	0	896, 01	0	896, 010	2
3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2. 04	148, 434	0		148, 434	148, 434	2
0	Operating outlier	2. 01	0	0		o o	0	3
0	reconciliation Managed care simulated payments	3.00	о	0		0 0	0	4
0	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 000000	0. 000000	0.00000	0.000000		5
0	A, line 21 (see instructions) IME payment adjustment (see	21.00	0.000000	0.000000		0 0.000000	0	6
1	instructions) IME payment adjustment for managed care (see instructions)	22.01	0	0		0 0	0	6
	Indirect Medical Education Adju		1					
0	IME payment adjustment factor (see instructions)	27.00	0. 000000	0. 000000	0.00000	0 0.000000		7
0	IME adjustment (see instructions)	28.00	0	0		0 0	0	
1	IME payment adjustment add on for managed care (see instructions)	28. 01	0	0		0 0	0	8
0	Total IME payment (sum of lines 6 and 8)	29.00	0	0		0 0	0	
1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	0	0		0 0	0	9
00	Disproportionate Share Adjustme		0.1407	0 1407	0.140	7 0 4 4 9 7		10
00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1437	0. 1437	0. 143	7 0. 1437		10
00	Disproportionate share adjustment (see instructions)	34.00	1, 146, 415				1, 146, 415	
01	Uncompensated care payments Additional payment for high per	36.00 centage of ES	3, 957, 818 RD beneficiary	0 di scharges	2, 963, 70	2 994, 116	3, 957, 818	11
00	Total ESRD additional payment (see instructions)	46.00	0	0		0 0		12
00 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	38, 059, 986 0	0 0	28, 749, 08	7 9, 310, 899 0 0	38, 059, 986 0	13 14
00	(see instructions) Total payment for inpatient operating costs (see	49.00	38, 059, 986	0	28, 749, 08	7 9, 310, 899	38, 059, 986	15
00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I,	50.00	2, 800, 463	0	2, 147, 61	3 652, 850	2, 800, 463	16

	Financial Systems		FRANCI SCAN HEAL		N 45 0400		u of Form CMS-2	2552-1
LOW VO	LUME CALCULATION EXHIBIT 4			Provider CO	JN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibi Date/Time Pre 5/30/2023 7:1	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	230, 959	0	194, 26	36, 693	230, 959	
17.01	Net organ aquisition cost							17.0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		0 0	0	17.0
18.00	Capital outlier reconciliation adjustment amount (see	93.00	0	0		0 0	0	18. 0
19.00	instructions) SUBTOTAL			0	31, 090, 96	6 10, 000, 442	41, 091, 408	19.0
		W/S L, line	(Amounts from		2., 2. 5, 7		,, 100	
			L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2, 406, 415	0	1, 818, 19	92 588, 223	2, 406, 415	20.0
20. 01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0		0 0	0	
21.00	Capital DRG outlier payments	2.00	240, 759	0	213, 60	)2 27, 157	240, 759	21.0
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21.0
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0000	0.0000				22.0
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0		0 0	0	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0637	0. 0637	0.063	0. 0637		24.0
25.00	Disproportionate share adjustment (see instructions)	11.00	153, 289	0	115, 81	37, 470	153, 289	25.0
26.00	Total prospective capital payments (see instructions)	12.00	2, 800, 463	0	2, 147, 6	13 652, 850	2, 800, 463	26.0
			(Amounts to E,					
		line	Part A)	2.00	2.00	4.00	F 00	
07.00	Law values adjustment C	0	1.00	2.00	3.00	4.00	5.00	07.0
27.00 28.00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70.96			0. 00000	00 0. 000000 0	0	27. C 28. C
9. 00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.0
100.00	Pt. A, TINE) Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. C

		RANCI SCAN HEAI		N 15 0100		u of Form CMS-2	2552-1
ISPI 17	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ION EXHIBIT 5	Provider CC		Period: From 01/01/2022	Worksheet E Part A Exhibit	t 5
					To 12/31/2022	Date/Time Prep	pared
			Title	XVIII	Hospi tal	5/30/2023 7:13 PPS	3 pm
		Wkst. E, Pt.	Amt. from	Period to	Period on	Total (cols. 2	
		A, line	Wkst. E, Pt. A)	10/01	after 10/01	and 3)	
		0	1.00	2.00	3.00	4.00	
	DRG amounts other than outlier payments	1.00	04.004.000	04.004.004		04.004.000	1.0
01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24, 026, 232	24, 026, 232	2	24, 026, 232	1. C
02	DRG amounts other than outlier payments for	1.02	7, 885, 077		7, 885, 077	7, 885, 077	1. (
03	discharges occurring on or after October 1 DRG for Federal specific operating payment	1.03	0	(	0	0	1.0
	for Model 4 BPCI occurring prior to October	1.05	0	,		0	1.
04	DRG for Federal specific operating payment	1.04	0		0	0	1. (
	for Model 4 BPCI occurring on or after October 1						
	Outlier payments for discharges (see instructions)	2.00					2.
	Outlier payments for discharges for Model 4 BPCI	2.02	0	(	o o	0	2.
02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	896, 010	896, 010	D	896, 010	2. (
03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	148, 434		148, 434	148, 434	2.
00	Operating outlier reconciliation	2.01	0	(	0 0	0	3.
	Managed care simulated payments	3.00	0		0 0	Ő	4.
	Indirect Medical Education Adjustment						
00	Amount from Worksheet E, Part A, line 21	21.00	0. 000000	0.00000	0. 000000		5.
00	(see instructions) IME payment adjustment (see instructions)	22.00	0		0 0	0	6.
01	IME payment adjustment for managed care (see	22.00	0			0	
	instructions) Indirect Medical Education Adjustment for the	Add-on for Se	action 422 of t	he MMA			
	IME payment adjustment factor (see	27.00	0. 000000		0. 000000		7.
	instructions)						
	IME adjustment (see instructions)	28.00	0		0 0	0	8.
)1	IME payment adjustment add on for managed	28.01	0	(	0 0	0	8.
00	care (see instructions) Total IME payment (sum of lines 6 and 8)	29.00	0	(	0 0	0	9.
	Total IME payment for managed care (sum of	29.00	0	(		0	9.
	lines 6.01 and 8.01)				-		
	Disproportionate Share Adjustment		0.4407	0.110			
00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1437	0.143	0. 1437		10.
00	Disproportionate share adjustment (see	34.00	1, 146, 415	863, 143	3 283, 272	1, 146, 415	11.
	instructions) Uncompensated care payments	36.00	3, 957, 818	2, 963, 702	2 994, 116	3, 957, 818	11.
	Additional payment for high percentage of ESR Total ESRD additional payment (see	<u>D beneficiary</u> 46.00	di scharges		0 0	0	12.
	instructions)	40.00	0		0	0	12.
	Subtotal (see instructions)	47.00	38, 059, 986	28, 749, 08	7 9, 310, 899	38, 059, 986	13.
00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48.00	0	(	0 0	0	14.
	instructions) Total payment for inpatient operating costs	49.00	38, 059, 986	28, 749, 08 <sup>-</sup>	7 9, 310, 899	38, 059, 986	15.
	(see instructions) Payment for inpatient program capital (from	50.00	2, 800, 463				
	Wkst. L, Pt. I, if applicable)						
	Special add-on payments for new technologies Net organ acquisition cost	54.00	230, 959	194, 260	6 36, 693	230, 959	17. 17.
	Credits received from manufacturers for	68.00	0	(	o o	0	17.
	replaced devices for applicable MS-DRGs		Ĭ			Ű	
02	replaced devices for applieable mo blog						
	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	(	0 0	0	18.

Health Financial Systems	FRANCISCAN HEA	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CO	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibi Date/Time Pre 5/30/2023 7:1	pared:
		Title	XVIII	Hospi tal	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, 406, 415	1, 818, 19	92 588, 223	2, 406, 415	
20.01 Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	
21.00 Capital DRG outlier payments	2.00	240, 759	213, 60	27, 157	240, 759	
21.01 Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	
22.00 Indirect medical education percentage (see instructions)	5.00	0.0000	0.000	0.0000		22.00
23.00 Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0637	0.063	37 0. 0637		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	153, 289	115, 8 <sup>-</sup>	19 37, 470	153, 289	25.00
26.00 Total prospective capital payments (see instructions)	12.00	2, 800, 463	2, 147, 6	13 652, 850	2, 800, 463	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	-2, 421	-2, 42	21 0	-2 421	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	_,	0 0	0	•
					(Amt. to Wkst.	
		1.00	0.00	0.00	E, Pt. A)	
	0	1.00	2.00	3.00	4.00	00.00
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CUL	Financial Systems FRANCISCAN HEALTH ATION OF REIMBURSEMENT SETTLEMENT	H LAFAYETTE Provider CCN: 15-0109	Period: From 01/01/2022	u of Form CMS-2 Worksheet E Part B	
			To 12/31/2022	Part B Date/Time Pre	
		Title XVIII	Hospi tal	5/30/2023 7:13 PPS	3 pm
				1 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
	Medical and other services (see instructions)			3, 692	
00	Medical and other services reimbursed under OPPS (see instruc OPPS payments	tions)		48, 650, 075 24, 939, 424	
00	Outlier payment (see instructions)			243, 871	4.00
01 00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instru	uctions)		0 0. 000	
	Line 2 times line 5			0.000	1
00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		198, 101	
	Organ acquisitions			0	10.00
00	Total cost (sum of lines 1 and 10) (see instructions) COMPUTATION OF LESSER OF COST OR CHARGES			3, 692	11.00
	Reasonabl e charges				
	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 60)		16, 001 0	12.00 13.00
	Total reasonable charges (sum of lines 12 and 13)	The 09)		16, 001	
	Customary charges				45.0
	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable fo			0	
	had such payment been made in accordance with 42 CFR §413.13(	1 3			
	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 16, 001	
	Excess of customary charges over reasonable cost (complete on	lyifline 18 exceeds li	ne 11) (see	12, 309	
00	instructions)	ly if line 11 evende li	no 10) (coo	0	
00	Excess of reasonable cost over customary charges (complete on instructions)	il y l'i l'ine il exceeds il	ne 18) (See	0	20.00
	Lesser of cost or charges (see instructions)			3, 692	
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	ructions)		0	
	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			25, 381, 396	
00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Deductibles and coinsurance amounts (for CAH, see instruction			4, 123, 194	25.00
	Deductibles and Coinsurance amounts relating to amount on lin		ructions)	4, 123, 194	26.00
00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)	plus the sum of lines 22	2 and 23] (see	21, 261, 894	27.00
00	instructions) Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		0	28.00
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
	Subtotal (sum of lines 27 through 29) Primary payer payments			21, 261, 894 3, 623	
00	Subtotal (line 30 minus line 31)			21, 258, 271	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI) Composite rate ESRD (from Wkst. I-5, line 11)	CES)		0	33.00
	Allowable bad debts (see instructions)			207, 097	
	Adjusted reimbursable bad debts (see instructions)	ructions)		134, 613	
	Allowable bad debts for dual eligible beneficiaries (see inst Subtotal (see instructions)	ructions)		95, 927 21, 392, 884	
00	MSP-LCC reconciliation amount from PS&R			35	38.0
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instruction	s)		0	39.00 39.50
	N95 respirator payment adjustment amount (see instructions)			0	
	Demonstration payment adjustment amount before sequestration			0	
	Partial or full credits received from manufacturers for repla RECOVERY OF ACCELERATED DEPRECIATION	iced devices (see instruc	ctions)	0	
00	Subtotal (see instructions)			21, 392, 849	40.00
	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			269, 550 0	
	Sequestration adjustment-PARHM or CHART pass-throughs			0	40.0
	Interim payments			21, 394, 447	
	Interim payments-PARHM or CHART Tentative settlement (for contractors use only)			0	41.0 <sup>-</sup> 42.00
	Tentative settlement-PARHM or CHART (for contractor use only)				42.0
	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)			-271, 148	43.00 43.0
	Protested amounts (nonallowable cost report items) in accorda	nce with CMS Pub. 15-2,	chapter 1,	0	
	\$115.2				
	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.0
00	Outlier reconciliation adjustment amount (see instructions)			0	91.0
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0. 00 0	92.00 93.00
	Total (sum of lines 91 and 93)			-	94.00

Health Financial Systems	FRANCISCAN HEALTH LAFAYETTE	In Lie	u of Form CMS-:	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Period: From 01/01/2022	Worksheet E	
		To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 pm
	Title XVIII	Hospi tal	PPS	
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days			0	200. 00

CALCUL	Financial Systems         FRANCISCAN HEALTH           ATLON OF RELIMBURSEMENT SETTLEMENT         FRANCISCAN HEALTH	Provi der CCN: 15-0109	Peri od: From 01/01/2022	u of Form CMS-2 Worksheet E Part B	
		Component CCN: 15-T109	To 12/31/2022	Date/Time Pre 5/30/2023 7:13	
		Title XVIII	Subprovider - IRF	PPS	•
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			126	1.0
2.00	Medical and other services reimbursed under OPPS (see instruc	ctions)		509	2.0
3.00 4.00	OPPS payments Outlier payment (see instructions)			122 0	3.0 4.0
4.01	Outlier reconciliation amount (see instructions)			0	4.0
5.00 6.00	Enter the hospital specific payment to cost ratio (see instru Line 2 times line 5	uctions)		0. 000 0	5. C 6. C
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	
3.00	Transitional corridor payment (see instructions)			0	8.0
9.00 10.00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	IV, col. 13, line 200		0	9. 0 10. 0
11.00	Total cost (sum of lines 1 and 10) (see instructions)			126	
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				
12.00	Ancillary service charges			295	12.0
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I	ine 69)		0	13.0
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			295	14. C
15.00	Aggregate amount actually collected from patients liable for			0	
16.00	Amounts that would have been realized from patients liable fo had such payment been made in accordance with 42 CFR §413.13(		on a chargebasis	0	16. C
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.0
18.00 19.00	Total customary charges (see instructions)	ly if line 10 evenede li	20, 11) (200	295	
19.00	Excess of customary charges over reasonable cost (complete on instructions)	iry if the 18 exceeds if	ne II) (See	169	19. (
20. 00	Excess of reasonable cost over customary charges (complete on	nly if line 11 exceeds li	ne 18) (see	0	20.0
21.00	instructions) Lesser of cost or charges (see instructions)			126	21. (
22.00	Interns and residents (see instructions)			0	22. (
23.00 24.00	Cost of physicians' services in a teaching hospital (see inst Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	ructions)		0 122	
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			122	27.0
25.00 26.00	Deductibles and coinsurance amounts (for CAH, see instruction	-	uati ana)	0	25. 0 26. 0
27.00	Deductibles and Coinsurance amounts relating to amount on lin Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			248	
20.00	instructions)	ing FO)		0	20 0
28.00 29.00	Direct graduate medical education payments (from Wkst. E-4, I ESRD direct medical education costs (from Wkst. E-4, line 36)			0	28.0 29.0
30. 00	Subtotal (sum of lines 27 through 29)			248	
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			0 248	31. C 32. C
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CES)		210	02.0
33.00 34.00	Composite rate ESRD (from Wkst. 1-5, line 11) Allowable bad debts (see instructions)			0	33. C 34. C
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.0
36.00	Allowable bad debts for dual eligible beneficiaries (see inst	ructions)		0	36.0
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			248 0	37. ( 38. (
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. (
39.50 39.75	Pioneer ACO demonstration payment adjustment (see instruction N95 respirator payment adjustment amount (see instructions)	is)		0	39.5 39.5
39.97 39.97	Demonstration payment adjustment amount (see instructions)			0	39.9
39.98	Partial or full credits received from manufacturers for repla	aced devices (see instruc	ctions)	0	39.
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 248	39. 9 40. (
40. 01	Sequestration adjustment (see instructions)			4	40.0
40. 02 40. 03	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM or CHART pass-throughs			0	40. 0 40. 0
	Interim payments			218	
41.01	Interim payments-PARHM or CHART				41.0
42.00 42.01	Tentative settlement (for contractors use only) Tentative settlement-PARHM or CHART (for contractor use only)			0	42.0 42.0
43.00	Balance due provider/program (see instructions)			26	43.0
43.01 44.00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub 15.2	chanter 1	0	43.0 44.0
- <del>-</del>	§115. 2	TOC WITH OWS FUD. 13-2,		0	44.0
20 00	TO BE COMPLETED BY CONTRACTOR			0	
90.00 91.00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
92.00	The rate used to calculate the Time Value of Money			0.00	92. C
93.00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	93.0 94.0

Health Financial Systems	FRANCISCAN HEALTH LAFAYETTE	In Lie	u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT				
	Component CCN: 15-T109	From 01/01/2022 To 12/31/2022		parod
	component con. 15-1104	10 12/31/2022	5/30/2023 7: 2	13 pm
	Title XVIII	Subprovider -	PPS	
		I RF		
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days				200.00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CO	CN: 15-0109	Period: From 01/01/2022 To 12/31/2022		
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00 2.00 3.00	Total interim payments paid to provider 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 List separately each retroactive lump sum adjustment		38, 886, 35	0 0	21, 394, 447 0	1.00 2.00 3.00
	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) Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/31/2022	29, 20	00	0	3.01
3.02				0	0	3. 02
3.03				0	0	3.03
3.04 3.05				0	0	3.04 3.05
5.05	Provider to Program	1			0	5.00
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51				0	0	3.5
3.52				0	0	3.5
3.53 3.54				0	0	3.53 3.54
3.99	Subtotal (sum of lines 3.01–3.49 minus sum of lines		29, 20	-	0	3.99
0. 77	3. 50-3. 98)		27,20		0	0. 7
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)		38, 915, 55	50	21, 394, 447	4.00
	TO BE COMPLETED BY CONTRACTOR	1			1	
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) Program to Provider					5.00
5.01	TENTATI VE TO PROVI DER			0	0	5. 0 <sup>2</sup>
5.02				0	Ő	5. 02
5.03				0	0	5.03
	Provider to Program			0		
5.50 5.51	TENTATI VE TO PROGRAM			0	0	5.50 5.51
5.51				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
5.00 5.01	Determined net settlement amount (balance due) based on the cost report. (1) SETTLEMENT TO PROVIDER		1, 280, 62	20	0	6. 00 6. 0 <sup>2</sup>
6. 02	SETTLEMENT TO PROVIDER		1, 200, 02	0	271, 148	6.02
7.002	Total Medicare program liability (see instructions)		40, 196, 17	-	21, 123, 299	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
	Name of Contractor	(	)	1.00	2.00	8.00

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC Component (	CN: 15-0109 CCN: 15-T109	Period: From 01/01/20 To 12/31/20		pared
		Title	XVIII	Subprovi der I RF		- 1
		Inpatien	t Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy		
0.0		1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider 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 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)		2, 543, 8	0	218 0	1. ( 2. ( 3. (
	Program to Provider		l			
01	ADJUSTMENTS TO PROVIDER			0	0	3. (
02				0	0	3.
03 04				0 0	0	3. 3.
04				0	0	
	Provider to Program		I	-1		
50	ADJUSTMENTS TO PROGRAM			0	0	
51				0	0	3
52 53				0	0	3
53 54				0	0	3
99 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3
	3. 50-3. 98)					
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)		2, 543, 8	47	218	4
	TO BE COMPLETED BY CONTRACTOR					1
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.
	Program to Provider					
)1	TENTATI VE TO PROVI DER			0	0	
)2				0 0	0	5
)3	Provider to Program			0	0	5
50	TENTATI VE TO PROGRAM			0	0	5
51				0	0	5
52				0	0	5
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER			0	26	6
)2	SETTLEMENT TO PROGRAM		40, 5		0	6
00	Total Medicare program liability (see instructions)		2, 503, 2		244	7
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	

Heal th	Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-	2552-10		
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0109	Peri od:	Worksheet E-1			
				From 01/01/2022 To 12/31/2022		nared		
				10 12/31/2022	5/30/2023 7:1			
			Title XVIII	Hospi tal	PPS			
					1.00			
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS								
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTIO					1.00		
1.00								
	2.00 Medicare days (see instructions)							
	3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2							
4.00	Total inpatient days (see instructions)					4.00		
5.00	Total hospital charges from Wkst C, Pt. I, c					5.00		
6.00	Total hospital charity care charges from Wks					6.00		
7.00	CAH only - The reasonable cost incurred for	the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I		7.00		
	line 168							
8.00	Calculation of the HIT incentive payment (se					8.00		
9.00	Sequestration adjustment amount (see instruc	ctions)				9.00		
10.00	Calculation of the HIT incentive payment aft		see instructions)			10.00		
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS &							
	Initial/interim HIT payment adjustment (see	instructions)				30.00		
	Other Adjustment (specify)					31.00		
32.00	Balance due provider (line 8 (or line 10) mi	nus line 30 and li	ne 31) (see instruction	s)		32.00		

	Financial Systems FRANCISCAN HEALT ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Peri od:	u of Form CMS-2 Worksheet E-3	
		Component CCN: 15-T109	From 01/01/2022 To 12/31/2022	Part III Date/Time Pre 5/30/2023 7:13	
		Title XVIII	Subprovider -	PPS	o pin
			I RF		
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
. 00	Net Federal PPS Payment (see instructions)			2, 373, 413	1.
00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000	2.
00	Inpatient Rehabilitation LIP Payments (see instructions)			80, 933	3
00	Outlier Payments			105, 909	4
00	Unweighted intern and resident FTE count in the most recent	cost reporting period en	ding on or prior	0.00	5
0.1	to November 15, 2004 (see instructions)			0.00	-
01	Cap increases for the unweighted intern and resident FTE cou			0.00	5
	program or hospital closure, that would not be counted witho CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	ut a temporary cap aujust	ment under 42		
00	New Teaching program adjustment. (see instructions)			0.00	6
00	Current year's unweighted FTE count of I&R excluding FTEs in	the new program growth p	eriod of a "new	0.00	7
	teaching program" (see instructions)				
00	Current year's unweighted I&R FTE count for residents within	the new program growth p	eriod of a "new	0.00	8
	teaching program" (see instructions)				
00	Intern and resident count for IRF PPS medical education adju	stment (see instructions)		0.00	9
. 00	Average Daily Census (see instructions)			6.942466	
. 00	Teaching Adjustment Factor (see instructions) Teaching Adjustment (see instructions)			0. 000000 0	12
. 00	Total PPS Payment (see instructions)			2, 560, 255	13
. 00	Nursing and Allied Health Managed Care payments (see instruc	tion)		2,000,200	14
. 00	Organ acquisition (DO NOT USE THIS LINE)				15
. 00	Cost of physicians' services in a teaching hospital (see ins	tructions)		0	16
. 00	Subtotal (see instructions)			2, 560, 255	17
. 00	Primary payer payments			0	18
. 00	Subtotal (line 17 less line 18).			2, 560, 255	
. 00	Deductibles			17, 116	
. 00	Subtotal (line 19 minus line 20)			2, 543, 139	
. 00	Coinsurance Subtotal (line 21 minus line 22)			9, 336 2, 533, 803	
. 00	Allowable bad debts (exclude bad debts for professional serv	ices) (see instructions)		2, 333, 603	24
. 00	Adjusted reimbursable bad debts (see instructions)			0	25
. 00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		0	26
. 00	Subtotal (sum of lines 23 and 25)			2, 533, 803	27
. 00	Direct graduate medical education payments (from Wkst. E-4,	line 49)		0	28
. 00	Other pass through costs (see instructions)			1, 433	
. 00	Outlier payments reconciliation			0	30
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructio	22)		0	31
. 50 . 98	Recovery of accelerated depreciation.	(15)		0	31
. 90	Demonstration payment adjustment amount before sequestration			0	31
. 00	Total amount payable to the provider (see instructions)			2, 535, 236	
. 01				31, 944	
. 02	Demonstration payment adjustment amount after sequestration			0	32
. 00	Interim payments			2, 543, 847	
. 00	Tentative settlement (for contractor use only)			0	
. 00	Balance due provider/program (line 32 minus lines 32.01, 32.			-40, 555	
. 00	Protested amounts (nonallowable cost report items) in accord §115.2	ance with CMS Pub. 15-2,	chapter 1,	0	36
	TO BE COMPLETED BY CONTRACTOR				
. 00	Original outlier amount from Wkst. E-3, Pt. III, line 4			105, 909	
. 00	Outlier reconciliation adjustment amount (see instructions)			0	51
2.00	The rate used to calculate the Time Value of Money			0.00	
. 00	Time Value of Money (see instructions)			0	53
. 00	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AN Teaching Adjustment Factor for the cost reporting period imm			0. 000000	99
	TEACHING AGUSTINEIL TACLUL TOF THE COST FEDOLUTIO DEFLOG IMM	euratery preceurny reprua	iiy ∠7, ∠∪∠∪.	0.000000	1 77

ALCUI	ATION OF REIMBURSEMENT SETTLEMENT	H LAFAYETTE Provider CCN: 15-0109	Peri od:	u of Form CMS-2 Worksheet E-3	
			From 01/01/2022	Part VII	
			To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE	DVICES FOR TITLES V OR Y	1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
. 00	Inpatient hospital/SNF/NF services		0		1.0
. 00	Medical and other services			18, 843, 402	2.0
. 00	Organ acquisition (certified transplant programs only)		0		3.0
. 00	Subtotal (sum of lines 1, 2 and 3)		0	18, 843, 402	
. 00 . 00	Inpatient primary payer payments Outpatient primary payer payments		0	0	5.0 6.0
. 00	Subtotal (line 4 less sum of lines 5 and 6)		0	18, 843, 402	
. 00	COMPUTATION OF LESSER OF COST OR CHARGES			10, 010, 102	1 7.0
	Reasonabl e Charges				1
. 00	Routine service charges		0		8.0
. 00	Ancillary service charges		61, 096, 108	166, 053, 666	
0.00	Organ acquisition charges, net of revenue		0		10.0
1.00 2.00	Incentive from target amount computation Total reasonable charges (sum of lines 8 through 11)		61, 096, 108	166, 053, 666	11.0
2.00	CUSTOMARY CHARGES		01, 070, 100	100, 033, 000	12.0
3. 00	Amount actually collected from patients liable for payment for	or services on a charge	0	0	13.0
	basi s	-			
4.00	Amounts that would have been realized from patients liable for		on 0	0	14.0
E 00	a charge basis had such payment been made in accordance with Ratio of line 13 to line 14 (not to exceed 1.000000)	0. 000000	0.000000	15. C	
5.00 6.00	Total customary charges (see instructions)		61, 096, 108		
7.00				147, 210, 264	
	line 4) (see instructions)				
8. 00	Excess of reasonable cost over customary charges (complete on	nly if line 4 exceeds lin	ne O	0	18.0
	16) (see instructions)				
9.00 0.00	Interns and Residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	ructions)	0	0	19.0 20.0
1.00	Cost of covered services (enter the lesser of line 4 or line		0	18, 843, 402	
1.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be		-	10, 010, 102	21.0
2.00	Other than outlier payments		0	0	22.0
3.00	Outlier payments		0	0	23. C
4.00	Program capital payments		0		24. C
5.00	Capital exception payments (see instructions)		0		25.0
6.00 7.00	Routine and Ancillary service other pass through costs Subtotal (sum of lines 22 through 26)		0	0	
8.00	Customary charges (title V or XIX PPS covered services only)		0	0	
9.00	Titles V or XIX (sum of lines 21 and 27)		0	18, 843, 402	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
0. 00	Excess of reasonable cost (from line 18)		0	0	
1.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6	o)	0	18, 843, 402	
2.00	Deducti bl es		0	0	
3.00 4.00	Coinsurance Allowable bad debts (see instructions)		0	0	
4.00 5.00	Utilization review		0	0	35.0
6.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 an	nd 33)	0	18, 843, 402	
7.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	<i>`</i>	0	0	37.0
8. 00	Subtotal (line 36 ± line 37)		0	18, 843, 402	
9.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.0
0.00	Total amount payable to the provider (sum of lines 38 and 39)		0	18, 843, 402	
1.00	Interim payments Relance due provides/program (Line 40 minus Line 41)		0	19 942 402	41.0
2.00 3.00	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accorda	ance with CMS Dub 15 2	0	18, 843, 402 0	
	TTOTESTED ANDUTTS THUNATIONADIE CUST LEDULT LENS) IN ACCOLUS	INCE WELLE OWN PUD 10-2,	0	0	1 43.U

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Pre	
		Title XIX	Subprovi der -	5/30/2023 7:1 Cost	
			I RF		_
			Inpatient 1.00	Outpatient 2.00	-
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SEF	RVICES FOR TITLES V OR X		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				
00	Inpatient hospital/SNF/NF services		0		· ·
00	Medical and other services			2, 744	
00	Organ acquisition (certified transplant programs only)		0		
00	Subtotal (sum of lines 1, 2 and 3)		0	2, 744	
00	Inpatient primary payer payments		0	0	
00 00	Outpatient primary payer payments		0	0	
00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		0	2, 744	
	Reasonable Charges				1
00	Routi ne servi ce charges		0		1 8
00	Ancillary service charges		0	7, 360	
. 00	Organ acquisition charges, net of revenue		0	.,	1
. 00	Incentive from target amount computation		0		1
. 00	Total reasonable charges (sum of lines 8 through 11)		0	7, 360	1
	CUSTOMARY CHARGES				
. 00	Amount actually collected from patients liable for payment for	r services on a charge	0	0	1
	basi s				
00	Amounts that would have been realized from patients liable for		n 0	0	1
00	a charge basis had such payment been made in accordance with	0. 000000	0,000000		
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)			0.000000	
. 00 . 00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete onl	0	7,360		
. 00	line 4) (see instructions)	0	4, 616	1	
. 00	Excess of reasonable cost over customary charges (complete onl	vifline 4 exceeds lin		0	1
. 00	16) (see instructions)				''
. 00	Interns and Residents (see instructions)		0	0	1
. 00	Cost of physicians' services in a teaching hospital (see inst	ructions)	0	0	2
. 00	Cost of covered services (enter the lesser of line 4 or line		0	2, 744	2
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	completed for PPS provi			
. 00	Other than outlier payments		0	0	
. 00	Outlier payments		0	0	
. 00	Program capital payments		0		2
. 00	Capital exception payments (see instructions)		0		2
. 00	Routine and Ancillary service other pass through costs		0	0	
. 00 . 00	Subtotal (sum of lines 22 through 26) Customary charges (title V or XIX PPS covered services only)		0	0	
	Titles V or XIX (sum of lines 21 and 27)		0	2,744	
. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		V	2, 744	- 2
. 00	Excess of reasonable cost (from line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	)	0	2, 744	
	Deducti bl es		0	2, , , , , ,	
. 00	Coinsurance		0	0	
00	Allowable bad debts (see instructions)		0	0	
. 00	Utilization review		0		3
. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	d 33)	0	2, 744	3
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	-
. 00	Subtotal (line 36 ± line 37)		0	2, 744	
. 00	Direct graduate medical education payments (from Wkst. E-4)		0		3
. 00	Total amount payable to the provider (sum of lines 38 and 39)		0	2, 744	
. 00	Interim payments		0	0	
. 00 . 00	Balance due provider/program (line 40 minus line 41)	and with CNC Dut 15 C	0	2, 744	
11(1)	Protested amounts (nonallowable cost report items) in accordant	ICE WITH UMS PUB 15-2,	0	0	43

Health Financial Systems	u of Form CMS-2	552-10			
OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT	Worksheet E-5				
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 7:13	bared: B pm
	PPS				
	1.00				
TO BE COMPLETED BY CONTRACTOR					
1.00 Operating outlier amount from Wkst. E, Pt.	A, line 2, or sum of	of 2.03 plus 2.04 (see i	nstructions)	0	1.00
2.00 Capital outlier from Wkst. L, Pt. I, line	2			0	2.00
3.00 Operating outlier reconciliation adjustmer	nt amount (see instru	uctions)		0	3.00
4.00 Capital outlier reconciliation adjustment	amount (see instruct	tions)		0	4.00
5.00 The rate used to calculate the time value	of money (see instru	uctions)		0.00	5.00
6.00 Time value of money for operating expenses (see instructions)					6.00
7.00 Time value of money for capital related ex		0	7.00		

	Financial Systems FRANCISCAN HEAL E SHEET (If you are nonproprietary and do not maintain	Provider C		Period:	Worksheet G	
und-t nLy)	ype accounting records, complete the General Fund column			From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		General Fund	Specific Purpose Fund	Endowment Fund		
		1.00	2.00	3.00	4.00	
00	CURRENT ASSETS	1E E02 270		0 0	0	1 1
00	Cash on hand in banks Temporary investments	45, 583, 278		0 0	0	
00	Notes receivable			0 0	0	
00	Accounts receivable	207, 082, 025		0 0	0	
00	Other receivable	207,082,023		0 0	0	
00	Allowances for uncollectible notes and accounts receivable	-160, 011, 072		0 0	0	l
00	Inventory	6, 655, 163		0 0	0	
00	Prepaid expenses	4, 140, 310		0 0	0	8
00	Other current assets	3, 711, 714		0 0	0	
). 00	Due from other funds	118, 559		0 0	0	10
. 00	Total current assets (sum of lines 1-10)	107, 279, 977		0 0	0	
. 00	FIXED ASSETS	107,277,777		0 0	0	1.
2.00	Land	16, 741, 293		0 0	0	1 12
3.00	Land improvements	4, 868, 998		0 0	0	
	Accumulated depreciation	297, 189, 028		0 0	0	14
	Bui I di ngs	-159, 611, 743		0 0	0	
	Accumulated depreciation	0		0 0	0	16
7.00	Leasehold improvements	1, 247, 401		0 0	0	17
3. 00	Accumulated depreciation	0		0 0	0	18
9.00	Fixed equipment	95, 739, 593		0 0	0	19
0. 00	Accumulated depreciation	0		0 0	0	20
1.00	Automobiles and trucks	0		0 0	0	21
2.00	Accumulated depreciation	0		0 0	0	22
3.00	Major movable equipment	15, 400, 697		0 0	0	23
1.00	Accumulated depreciation	0		0 0	0	24
5.00	Minor equipment depreciable	0		0 0	0	25
5.00	Accumulated depreciation	0		0 0	0	26
7.00	HIT designated Assets	0		0 0	0	27
3. 00	Accumulated depreciation	0		0 0	0	28
	Minor equipment-nondepreciable	0		0 0	0	
0. 00	Total fixed assets (sum of lines 12-29)	271, 575, 267		0 0	0	30
	OTHER ASSETS			-	-	
	Investments	1, 662, 578		0 0	0	31
2.00	Deposits on Leases	0		0 0	0	32
3.00	Due from owners/officers	0		0 0	0	33
4.00	Other assets	89, 384, 026		0 0	0	34
5.00	Total other assets (sum of lines 31-34)	91, 046, 604		0 0	0	35
5.00	Total assets (sum of lines 11, 30, and 35)	469, 901, 848		0 0	0	36
7 00	CURRENT LI ABI LI TI ES	10 005 500		0 0	0	1
	Accounts payable	18, 085, 508 10, 768, 477		-	-	37
3.00 9.00	Salaries, wages, and fees payable Payroll taxes payable	4, 141, 801		0 0 0 0	0	
	Notes and Loans payable (short term)	4, 141, 801		0 0	0	
	Deferred income	474,040		0 0	0	
2.00	Accel erated payments			0 0	0	42
	Due to other funds			0 0	0	
	Other current liabilities	-1, 101, 467		0 0	0	
	Total current liabilities (sum of lines 37 thru 44)	32, 369, 167		0 0	0	
	LONG TERM LI ABI LI TI ES	02,007,107	L	0 0		1
5.00	Mortgage payable	2, 054, 519		0 0	0	46
7.00	Notes payable	9, 644, 487		0 0	0	47
3.00	Unsecured Loans	949, 639		0 0	0	
9.00	Other long term liabilities	505, 834		0 0	0	
	Total long term liabilities (sum of lines 46 thru 49)	13, 154, 479		0 0	0	
	Total liabilities (sum of lines 45 and 50)	45, 523, 646		0 0	0	
-	CAPITAL ACCOUNTS					1
2. 00	General fund balance	424, 378, 202				52
3.00	Specific purpose fund			0		53
4.00	Donor created - endowment fund balance - restricted			0		54
5.00	Donor created - endowment fund balance - unrestricted			0		55
5.00	Governing body created - endowment fund balance			0		56
7.00	Plant fund balance - invested in plant				0	
3.00	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion					
						1
9.00	Total fund balances (sum of lines 52 thru 58)	424, 378, 202		0 0	0	59

	Financial Systems IENT OF CHANGES IN FUND BALANCES	FRANCI SCAN HEAL		NI 15 0100	Do	In Lie eriod:	u of Form CMS Worksheet G-		52-10
STATEN	IENT OF CHANGES IN FUND BALANCES		Provider CC	N: 15-0109		om 01/01/2022		ера	
		General	Fund	Speci al	Pur	rpose Fund	Endowment Fun		
		1.00	2.00	3.00		4.00	5.00	-	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)		444, 468, 185 25, 860, 106 470, 328, 291 470, 328, 291 0 470, 328, 291			0 0 0 0 0 0 0 0		0 0 0 0 0	$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$
		Endowment Fund	PI ant						
1.00	Fund balances at beginning of period	6.00	7.00	8.00	0			-	1.00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0 0 0 0 0 0		0				2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) Total deductions (sum of lines 12-17) Fund balance at end of period per balance	000000000000000000000000000000000000000	0 0 0 0 0 0		0 0 0				10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00

STATE	Financial Systems FRANCI SCAN HEALTI	H LAFAYETTE Provider CC	N. 15_0100	Peri od:	eu of Form CMS-2 Worksheet G-2	
JIAIL	ILINE OF FATTENT REVENUES AND OFERATING EAFLINGES		M. 15-0104	From 01/01/2022 To 12/31/2022	Parts I & II Date/Time Pre	pared:
	Cost Center Description		I npati ent	Outpati ent	5/30/2023 7:1 Total	<u>3 pm</u>
	cost center bescription	-	1.00	2.00	3.00	
	PART I – PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Services					1
1.00	Hospi tal		624, 562, 0	59	624, 562, 059	1.0
2.00	SUBPROVIDER - IPF					2.0
3.00	SUBPROVIDER - IRF			0	0	3.0
4.00	SUBPROVI DER					4.0
5.00	Swing bed - SNF			0	0	5.0
6.00	Swing bed - NF			0	0	
7.00	SKILLED NURSING FACILITY					7.0
8.00	NURSING FACILITY					8.0
9.00	OTHER LONG TERM CARE					9.0
10.00	Total general inpatient care services (sum of lines 1-9)		624, 562, 0	59	624, 562, 059	10.0
	Intensive Care Type Inpatient Hospital Services					1
11.00				0	0	
12.00	CORONARY CARE UNIT					12.0
13.00 14.00	BURN I NTENSI VE CARE UNI T SURGI CAL I NTENSI VE CARE UNI T					13.0
14.00	NEONATAL INTENSIVE CARE UNIT			0	0	
16.00	Total intensive care type inpatient hospital services (sum of	lines		0	0	•
10.00	11-15)	TTHES		0	0	10.0
17.00	Total inpatient routine care services (sum of lines 10 and 16	.)	624, 562, 0	59	624, 562, 059	17.0
18.00	Ancillary services	.,	021,002,0	0 0		
19.00	Outpati ent servi ces			0 1,005,745,207		19.0
20.00	RURAL HEALTH CLINIC			0 0		1
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	21.0
22.00	HOME HEALTH AGENCY			0	0	22.0
23.00	AMBULANCE SERVICES			0 0	0	23.0
24.00	СМНС					24.0
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.0
26.00	HOSPI CE			0 0	0	
27.00	OTHER (SPECIFY)			0 0	0	27.0
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst.	624, 562, 0	59 1, 005, 745, 207	1, 630, 307, 266	28.0
	G-3, line 1)					1
	PART II - OPERATING EXPENSES				1	
29.00	Operating expenses (per Wkst. A, column 3, line 200)			367, 476, 694		29.0
30.00	ADD (SPECIFY)			0		30.0
31.00				0		31.0
32.00 33.00				0		32. 0 33. 0
34.00				0		34.0
34.00				0		35.0
36.00	Total additions (sum of lines 30-35)			0		36.0
37.00	DEDUCT (SPECIFY)			0		37.0
38.00				0		38.0
39.00				0		39.0
40.00				0		40.0
41.00				0		41.0
42.00	Total deductions (sum of lines 37-41)			0		42.0
43.00	Total operating expenses (sum of lines 29 and 36 minus line 4	2)(transfer		367, 476, 694		43.0
	to Wkst. G-3, line 4)	, ,				

Heal th	Financial Systems FRANCI	SCAN HEALTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provi der	CCN: 15-0109	Peri od:	Worksheet G-3	
				From 01/01/2022 To 12/31/2022	Date/Time Pre	oared <sup>.</sup>
				10 12/01/2022	5/30/2023 7:1	
					1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, co				1, 630, 307, 266	1.00
2.00	Less contractual allowances and discounts on patie	ents' accounts			1, 252, 649, 992	2.00
3.00	Net patient revenues (line 1 minus line 2)				377, 657, 274	3.00
4.00	Less total operating expenses (from Wkst. G-2, Par				367, 476, 694	
5.00	Net income from service to patients (line 3 minus	line 4)			10, 180, 580	5.00
	OTHER INCOME Contributions, donations, bequests, etc				0	6 00
6.00 7.00	Income from investments				0	6.00 7.00
7.00 8.00	Revenues from telephone and other miscellaneous co	mmunication convices			0	7.00 8.00
9.00	Revenues from television and radio service	minum catron services			0	8.00 9.00
10.00	Purchase di scounts				0	7.00 10.00
11.00	Rebates and refunds of expenses				1, 231, 262	10.00
12.00	Parking lot receipts				1, 201, 202	12.00
13.00	Revenue from Laundry and Linen service				0	
14.00	Revenue from meals sold to employees and quests				Ő	
15.00	Revenue from rental of living quarters				0	15.00
16.00	Revenue from sale of medical and surgical supplies	to other than patient	S		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	5			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)				0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and can	iteen			0	20.00
21.00	Rental of vending machines				23, 769	21.00
22.00	Rental of hospital space				558, 684	
23.00	Governmental appropriations				0	23.00
24.00	OTHER OPERATING REVENUE				9, 596, 606	24.00
24.50	COVI D-19 PHE Fundi ng				0	24.50
25.00	Total other income (sum of lines 6-24)				11, 410, 321	
26.00	Total (line 5 plus line 25)				21, 590, 901	
	OTHER EXPENSES LESS: NON OPER REV				-4, 269, 205	
28.00	Total other expenses (sum of line 27 and subscript				-4, 269, 205	
29.00	Net income (or loss) for the period (line 26 minus	s line 28)			25, 860, 106	29.00

	Financial Systems		FRANCI SCAN HEAI				u of Form CMS-2	2552-10
ANALYS	IS OF HOSPITAL-BASED HOME HEALT	TH AGENCY COSTS			CN: 15-0109	Period: From 01/01/2022	Worksheet H	
				HHA CCN:	15-7124	To 12/31/2022	5/30/2023 7:1	pared: 3 pm
						Home Health Agency I	PPS	
		Sal ari es	Employee Benefits	Transportation (see	Contracted/P chased	ur Other Costs	Total (sum of cols. 1 thru	
				instructions)	Servi ces		5)	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Capital Related - Bldg. &			C		0	0	1.00
2.00	Fixtures Capital Related - Movable			C		10, 947	10, 947	2.00
3.00	Equipment Plant Operation & Maintenance		0			0 0	0	3.00
3.00 4.00	Transportation	0	-	-		0 0	0	
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	C		0 0	0	5.00
6.00	Skilled Nursing Care	1, 954, 790	-5, 775	-47, 261	72,6	48 57, 584	2, 031, 986	6.00
7.00 8.00	Physical Therapy Occupational Therapy	1, 357, 645 510, 245		-32, 824 -12, 336			1, 411, 260 530, 396	•
9.00	Speech Pathol ogy	107, 960					112, 223	
10. 00 11. 00	Medical Social Services Home Health Aide	60, 175 57, 697						
12.00	Supplies (see instructions)	0				0 44, 105	44, 105	
13.00 14.00	Drugs DME	0	-	-		0 139, 386 0 0		
14.00	HHA NONREIMBURSABLE SERVICES		-				0	14.00
15. 00 16. 00	Home Dialysis Aide Services Respiratory Therapy	0	-	-		0 0	0	
17.00	Private Duty Nursing	0	0	-		0 0	0	
18.00 19.00	Clinic Health Promotion Activities	0	0	C		0 0	0	
20.00	Day Care Program	0	0			0 0	0	
21.00 22.00	Home Delivered Meals Program Homemaker Service	0	0	-		0 0	0	
22.00	All Others (specify)	20, 353	-	-	7	56 600	-	•
23. 50 24. 00	Telemedicine Total (sum of lines 1–23)	0 4, 068, 865	0 -12,020	-98, 373	151, 2	0 0 15 314, 300	0 4, 423, 987	23.50
24.00		Recl assi fi cati	Recl assi fi ed	Adj ustments	Net Expense	S	4, 423, 707	24.00
		on	Trial Balance (col. 6 +		for Allocati (col. 8 + co			
		7.00	col . 7)	0.00	9)			-
	GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00			
1.00	Capital Related - Bldg. & Fixtures	0	0	C		0		1.00
2.00	Capital Related - Movable	-10, 947	0	C		0		2.00
3.00	Equipment Plant Operation & Maintenance	0	0	C		0		3.00
4.00	Transportation	0	0	C		0		4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	C		0		5.00
6.00	Skilled Nursing Care	-2, 450						6.00
7.00 8.00	Physical Therapy Occupational Therapy	4, 011 1, 507						7.00 8.00
9.00	Speech Pathology	319	112, 542	C	112, 5	42		9.00
10. 00 11. 00	Medical Social Services Home Health Aide	178 170			62, 7 60, 1			10.00
12.00	Supplies (see instructions)	-44, 105	0	C		0		12.00
13.00 14.00	Drugs DME	-139, 386 0				0		13.00 14.00
	HHA NONREI MBURSABLE SERVI CES	1		1				
15.00 16.00	Home Dialysis Aide Services Respiratory Therapy	0	-			0		15.00 16.00
17.00	Private Duty Nursing	0	0	-		0		17.00
18.00 19.00	Clinic Health Promotion Activities	0	0			0		18.00 19.00
20.00	Day Care Program	0	0	C	)	0		20.00
21.00 22.00	Home Delivered Meals Program Homemaker Service	0	0	-		0		21.00 22.00
23.00	All Others (specify)	60	-	C	21, 2	17		23.00
23.50 24.00	Telemedicine Total (sum of lines 1–23)	0 -190, 643	0 4, 233, 344			0 44		23.50 24.00
00	1 (		., 200, 044		1 1, 200, 0	· · · I		

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-	2552-10
	LLOCATION - HHA GENERAL SERVICE	COST		Provider CO	CN: 15-0109	Period: From 01/01/2022	Worksheet H-1 Part I	
				HHA CCN:	15-7124	To 12/31/2022	Date/Time Pre	epared:
						Home Health	5/30/2023 7:1 PPS	5 pili
			Capital Rela	atod Costs		Agency I	1	
		Net Expenses for Cost	Bldgs & Fixtures	Movable Equipment	Plant Operation &	Transportati or	Subtotal (cols. 0-4)	
		Allocation	TIXtures	Equi pilleri t	Maintenance		(COLS: 0-4)	
		(from Wkst. H, col. 10)						
		0	1.00	2.00	3.00	4.00	4A. 00	
1 00	GENERAL SERVICE COST CENTERS	0	0				(	1 00
1.00	Capital Related - Bldg. & Fixtures	0	0					1.00
2.00	Capital Related - Movable	0		0			0	2.00
3.00	Equipment Plant Operation & Maintenance	0	0	0		0	0	3.00
4.00	Transportation	0	0	0		0 0		4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	0		0 (	) (	5.00
6.00	Skilled Nursing Care	2, 029, 536	0	0		0 (		
7.00 8.00	Physical Therapy Occupational Therapy	1, 415, 271 531, 903	0	0		0 0		
9.00	Speech Pathology	112, 542	0	0		0 0	112, 542	9.00
10. 00 11. 00	Medical Social Services Home Health Aide	62, 729 60, 146	0	0		0 0		
12.00	Supplies (see instructions)	00, 140	0	0		0 0	) 00, 140	1
13.00	Drugs	0	0	0		0	0	
14.00	DME HHA NONREI MBURSABLE SERVI CES	0	0	0		0 (	) (	14.00
15.00	Home Dialysis Aide Services	0	0	0		0 (		
16.00 17.00	Respiratory Therapy Private Duty Nursing	0	0	0		0 0		
18.00	Clinic	0	0	0		0 0		18.00
19.00 20.00	Health Promotion Activities Day Care Program	0	0	0		0 0		
21.00	Home Delivered Meals Program	0	0	0		0 0		1
22.00 23.00	Homemaker Service All Others (specify)	0	0	0		0 0		
23.00 23.50	Telemedicine	21, 217	0	0		0 0		
24.00	Total (sum of lines 1-23)	4,233,344	0	0		0 (	4, 233, 344	24.00
		Administrative & General	4A + 5)					
		5.00	6.00					
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &	1						1.00
	Fixtures							
2.00	Capital Related – Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00 5.00	Transportation Administrative and General	0						4.00
	HHA REIMBURSABLE SERVICES							
6.00 7.00	Skilled Nursing Care Physical Therapy	0	2, 029, 536 1, 415, 271					6.00 7.00
8.00	Occupational Therapy	0	531, 903					8.00
9. 00 10. 00	Speech Pathology Medical Social Services	0	112, 542 62, 729					9.00 10.00
11.00	Home Heal th Ai de	0	60, 146					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00 14.00	Drugs DME	0	0					13.00 14.00
	HHA NONREI MBURSABLE SERVI CES							
15. 00 16. 00	Home Dialysis Aide Services Respiratory Therapy	0	0					15.00 16.00
17.00	Private Duty Nursing	0	О					17.00
18. 00 19. 00	Clinic Health Promotion Activities	0	0					18.00 19.00
20.00	Day Care Program	0	О					20.00
21.00	Home Delivered Meals Program	0	0					21.00 22.00
22.00 23.00	Homemaker Service All Others (specify)	0	0 21, 217					22.00
23.50	Tel emedi ci ne	0	О					23.50
24.00	Total (sum of lines 1-23)	I	4, 233, 344					24.00

Heal th	Financial Systems		FRANCI SCAN HEAL	_TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - HHA STATISTICAL BAS	SI S		Provider C	CN: 15-0109 15-7124	Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared:
						Home Health Agency I	PPS	
		Capital Rel	ated Costs					
		BI dgs & Fi xtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Pl ant Operation & Maintenance (SQUARE FEET)	Transportati (MI LEAGE)	onReconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. &	19, 729				0		1.00
2.00	Fixtures Capital Related - Movable		19, 729			0		2.00
	Equipment							
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see	0	0	0		0		4.00
5.00	instructions) Administrative and General	19, 729	19, 729	0		0 0	4, 233, 344	5.00
5.00	HHA REIMBURSABLE SERVICES	19,729	19,729	0		0 0	4, 233, 344	5.00
6.00	Skilled Nursing Care	0	0	0		0 0	2, 029, 536	6.00
7.00	Physical Therapy	0		0		0 0	1, 415, 271	7.00
8.00	Occupational Therapy	0	0	0		0 0	531,903	8.00
9.00	Speech Pathology	0	0	0		0 0	112, 542	9.00
10.00	Medical Social Services	0	0	0		0 0	62, 729	10.00
11.00	Home Health Aide	0	0	0		0 0	60, 146	11.00
12.00	Supplies (see instructions)	0	0	0		0 0	0	
13.00	Drugs	0	-	0		0	0	
14.00		0	0	0		0 0	0	14.00
15.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0	0	1	0 0	0	15.00
16.00	Respiratory Therapy					0 0	0	
17.00	Private Duty Nursing		-			0 0	0	
18.00	Clinic		0			0 0	0	1
19.00	Health Promotion Activities	0	0	0		0 0	0	
20.00	Day Care Program	0	0	0		0 0	0	
21.00	Home Delivered Meals Program	0	0	0		0 0	0	21.00
22.00	Homemaker Service	0	0	0		0 0	0	22.00
23.00	All Others (specify)	0	0	0		0 0	21, 217	23.00
23.50	Tel emedi ci ne	0	0	0		0 0	0	
24.00	Total (sum of lines 1-23)	19, 729		0		0 0	4, 233, 344	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0		U	0	25.00
26.00	Unit Cost Multiplier	0. 000000	0. 000000	0. 000000	0. 0000	00	0. 000000	26.00

Heal th	n Financial Systems		FRANCI SCAN HEAL	TH_LAFAYETTE		In Lie	u of Form CMS-2	2552-10
ALLOC	ATION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS	Provider CO		Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part I Date/Time Pre 5/30/2023 7:1	pared:
						Home Health	PPS	<u>o piii</u>
			CAPITAL REL	ATED COSTS		Agency I		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	MGMT INFO SYSTEMS	-
	1	0	1.00	2.00	4.00	5. 01	5. 02	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	0 2, 029, 536 1, 415, 271 531, 903 112, 542 62, 729 60, 146 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		524, 882 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	917, 94 917, 94		158, 177 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ \end{array}$
	Cost Center Description	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5A. 05	5.06	7.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 00\\ 21.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)			8, 868 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2, 029, 53 1, 415, 27 531, 90 112, 54 62, 72 60, 14	6         463, 286           1         323, 067           3         121, 419           2         25, 690           9         14, 319           6         13, 730           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           1, 396, 453		$\begin{array}{c} 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ \end{array}$

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

	Financial Systems		FRANCI SCAN HEAL			In Lie	u of Form CMS-2	
ALLOCA	TION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	TERS	Provider CO	CN: 15-0109	Period: From 01/01/2022	Worksheet H-2 Part I	
				HHA CCN:	15-7124	To 12/31/2022		pared: 3 pm
						Home Health Agency I	PPS	
	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON		
		8.00	9.00	10.00	11.00	13.00	SUPPLY 14.00	
1.00	Administrative and General	0.00		0			3, 139	1.00
2.00	Skilled Nursing Care	0		0		0 0	0	
3.00	Physical Therapy	0	-	0		0 0	0	
4.00	Occupational Therapy	0	0	0		0 0	0	
5.00 6.00	Speech Pathology Medical Social Services	0	0	0		0 0	0	5.00 6.00
7.00	Home Heal th Aide	0	0	0		0 0	0	7.00
8.00	Supplies (see instructions)	0	0	0		0 0	0	8.00
9.00	Drugs	0	0	0		0 0	0	9.00
10.00	DME	0	-	0		0 0	0	10.00
11. 00 12. 00	Home Dialysis Aide Services Respiratory Therapy	0	-	0		0 0 0 0	0	11.00 12.00
12.00	Private Duty Nursing		0	0		0 0	0	12.00
14.00	Clinic	0	0	0		0 0	0	14.00
15.00	Health Promotion Activities	0	0	0		0 0	0	15.00
16.00	Day Care Program	0	0	0		0 0	0	16.00
17.00	Home Delivered Meals Program	0	0	0		0 0	0	17.00
18.00	Homemaker Service	0	0	0		0 0	0	
19. 00 19. 50	All Others (specify) Telemedicine		0	0		0 0	0	19.00 19.50
20.00	Total (sum of lines 1-19) (2)	0	245, 469	0	52, 5		3, 139	
21.00	Unit Cost Multiplier: column		,				-,	21.00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	Cost Center Description	PHARMACY	MEDICAL	SOCIAL SERVICE	NURSI NG	PHARMACY	EMS EDUCATION	
			RECORDS &		PROGRAM	RESI DENCY		
		15.00	LI BRARY 16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0		0		0 0	0	1.00
2.00	Skilled Nursing Care	0	-	0		0 0	0	2.00
3.00 4.00	Physical Therapy Occupational Therapy		0	0		0 0	0	3.00 4.00
5.00	Speech Pathol ogy	0	0	0		0 0	0	5.00
6.00	Medical Social Services	0	0	0		0 0	0	6.00
7.00	Home Health Aide	0	0	0		0 0	0	7.00
8.00	Supplies (see instructions)	0	0	0		0 0	0	
9.00 10.00	Drugs DME		0	0		0 0	0	9.00 10.00
	Home Dialysis Aide Services	0	-	0		0 0		
12.00	Respiratory Therapy	0	0	0		0 0	0	
13.00	Private Duty Nursing	0	0	0		0 0	0	13.00
14.00	Clinic	0	0	0		0 0	0	
15.00	Health Promotion Activities	0	0	0		0 0	0	
16. 00 17. 00	Day Care Program Home Delivered Meals Program		0	0		0 0	0	16.00 17.00
18.00	Homemaker Service	0	0	0		0 0	0	
19.00	All Others (specify)	0	0	0		0 0	0	
19.50	Tel emedi ci ne	0	0	0		0 0	0	19. 50
20.00	Total (sum of lines 1-19) (2)	0	15, 545	0		0 0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum							21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-:	2552-10
	TION OF GENERAL SERVICE COSTS TO	O HHA COST CEN	TERS	Provider CO	CN: 15-0109 15-7124	Period: From 01/01/2022 To 12/31/2022		epared:
						Home Health	PPS	
	Cost Center Description	Subtotal	Intern &	Subtotal	Allocated HH	Agency I A Total HHA		
	cost center bescription		Residents Cost	Subtotal	A&G (see Par			
			& Post			00313		
			Stepdown					
			Adjustments					
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	3, 873, 835	0	3, 873, 835				1.00
2.00	Skilled Nursing Care	2, 492, 822	0	2, 492, 822	1, 857, 17	4, 350, 001		2.00
3.00	Physical Therapy	1, 738, 338	0	1, 738, 338	1, 295, 08	3, 033, 421		3.00
4.00	Occupational Therapy	653, 322	0	653, 322	486, 73	1, 140, 055		4.00
5.00	Speech Pathology	138, 232	0	138, 232	102, 98	241, 216		5.00
6.00	Medical Social Services	77, 048	0	77, 048	57, 40	134, 450		6.00
7.00	Home Health Aide	73, 876	0	73, 876	55, 03	128, 915		7.00
8.00	Supplies (see instructions)	0	0	0		0 0		8.00
9.00	Drugs	0	0	0		0 0		9.00
10.00	DME	0	0	0		0 0		10.00
11.00	Home Dialysis Aide Services	0	0	0		0 0		11.00
12.00	Respiratory Therapy	0	0	0		0 0		12.00
13.00	Private Duty Nursing	0	0	0		0 0		13.00
14.00	Clinic	0	0	0		0 0		14.00
15.00	Health Promotion Activities	0	0	0		0 0		15.00
16.00	Day Care Program	0	0	0		0 0		16.00
17.00	Home Delivered Meals Program	0	0	0		0 0		17.00
18.00	Homemaker Service	0	0	0		0 0		18.00
19.00	All Others (specify)	26, 060	0	26, 060	19, 41	5 45, 475		19.00
19.50	Tel emedi ci ne	0	0	0		0 0		19.50
20.00	Total (sum of lines 1-19) (2)	9, 073, 533	0	9, 073, 533				20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to				0. 74501	2		21.00
	6 decimal places.						l	

	Financial Systems		FRANCI SCAN HEALT		01 15 0100		u of Form CMS-2	
ALLOCA BASI S	TION OF GENERAL SERVICE COSTS T	O HHA COSI CEN	IERS STATISTICAL	HHA CCN:		Period: From 01/01/2022 To 12/31/2022		
				THA CON.	13-7124	10 12/31/2022	5/30/2023 7:1	3 pm
						Home Health Agency I	PPS	
		CAPI TAL REL	ATED COSTS	-				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ON	IS MGMT I NFO	PURCHASI NG	1
		(SQUARE FEET)	(SQUARE FEET)	BENEFITS		SYSTEMS	(COSTED REQ	
				DEPARTMENT (GROSS	(PHONE LINE S	(MANHOURS)	UISI)	
				SALARI ES)				
1.00		1.00	2.00	4.00	5.01	5. 02	5.03	1.00
1.00 2.00	Administrative and General Skilled Nursing Care	19, 729 0	19, 729 0	4, 068, 866 0		0 144, 113 0 0		1
3.00	Physical Therapy	0	Ö	0		0 0	0	•
4.00	Occupational Therapy	0	0	C		0 0	0	•
5.00	Speech Pathology	0	0	0		0 0	0	
6.00 7.00	Medical Social Services Home Health Aide	0	0	0		0 0	0	
8.00	Supplies (see instructions)	0	Ő	0		0 0	0	
9.00	Drugs	0	0	C		0 0	0	9.00
10.00	DME	0	0	0		0 0	0	
11.00 12.00	Home Dialysis Aide Services Respiratory Therapy	0	0	0		0 0	0	
12.00	Private Duty Nursing	0	0	0		0 0	0	
14.00	Clinic	0	0	C		0 0	0	
15.00	Health Promotion Activities	0	0	0		0 0	0	
16.00 17.00	Day Care Program Home Delivered Meals Program	0	0	0		0 0	0	16.00 17.00
17.00	Homemaker Service	0	0	0		0 0	0	•
19.00	All Others (specify)	0	0	C		0 0	0	
19.50	Tel emedi ci ne	0	0	0	D	0 0	0	
20.00 21.00	Total (sum of lines 1–19) Total cost to be allocated	19, 729 274, 283	19, 729 524, 882	4, 068, 866 917, 940		0 144, 113 0 158, 177		
22.00	Unit cost multiplier	13. 902529	26. 604592	0. 225601				•
	Cost Center Description	ADMI TTI NG		econciliation		OPERATION OF	LAUNDRY &	
		(GROSS CHAR GES)	ACCOUNTING (GROSS CHAR		ADMI NI STRATI V AND GENERAL	'E PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF	
		023)	GES)		(ACCUM. COST)		LAUNDRY)	
		5.04	5.05	5A. 06	5.06	7.00	8.00	
1.00 2.00	Administrative and General Skilled Nursing Care	9, 208, 916 0	9, 208, 916 0	0				
2.00	Physical Therapy	0	0	0			0	
4.00	Occupational Therapy	0	0	C			0	•
5.00	Speech Pathol ogy	0	0	0	112, 54		0	
6.00 7.00	Medical Social Services Home Health Aide	0	0	0	62, 72 60, 14		0	
8.00	Supplies (see instructions)	0	0	0		0 0		•
9.00	Drugs	0	0	C		0 0	0	•
10.00	DME	0	0	0		0 0	0	•
1 1 1 1 1 1	Home Dialysis Aide Services	0	0	0		0 0	0	
11.00	Posni ratory Thorany			0	1	0 0		•
12.00	Respiratory Therapy Private Duty Nursing	0	0	C		0 0	0	1 3.00
12.00 13.00 14.00	Respiratory Therapy Private Duty Nursing Clinic	0	0	0		0 0 0 0	0	•
12.00 13.00 14.00 15.00	Private Duty Nursing Clinic Health Promotion Activities	0 0 0	0 0	C		0 0 0 0 0 0	0	14.00 15.00
12.00 13.00 14.00 15.00 16.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program		0 0 0	C		0 0 0 0 0 0	0 0 0	14.00 15.00 16.00
12.00 13.00 14.00 15.00 16.00 17.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program		0 0	C		0 0	0	14.00 15.00 16.00 17.00
12.00 13.00 14.00 15.00 16.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program		0 0 0	C		0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	14.00 15.00 16.00 17.00 18.00
$\begin{array}{c} 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ \end{array}$	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	0 0 0 0 0 0	0 0 0 0 0 0	C	21, 21	0 0 0 0 0 0 0 0 0 0 7 0 0 0	0 0 0 0 0 0 0 0 0	14.00 15.00 16.00 17.00 18.00 19.00 19.50
12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0 0 0 0 0 0 9, 208, 916	0 0 0	C		0 0 0 0 0 0 0 0 0 0 7 0 0 0 4 19,729	0 0 0 0 0 0 0 0 0 0 0 0 0 0	14.00 15.00 16.00 17.00 18.00 19.00 19.50 20.00

Heal th	Financial Systems		FRANCI SCAN HEALT	H_LAFAYETTE		In Lie	u of Form CMS-:	2552-10
ALLOCA BASI S	TION OF GENERAL SERVICE COSTS 1	TO HHA COST CEN	TERS STATISTICAL	Provider C HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2022 To 12/31/2022	Worksheet H-2 Part II Date/Time Pre	pared:
						Home Health	5/30/2023 7:1 PPS	3 pm
	Cost Center Description	HOUSEKEEPI NG	DI ETARY	CAFETERI A	NURSI NG	Agency I CENTRAL	PHARMACY	
	cost center bescription		(MEALS SERVED)	(MANHOURS)	ADMI NI STRATI ( (DI RECT NRS	ON SERVICES & SUPPLY (COSTED REQ	(COSTED REQUIS.)	
		9.00	10.00	11.00	I NG) 13.00	UI SI ) 14.00	15.00	
1.00	Administrative and General	19, 729	0	144, 113	3 144, 1 <sup>-</sup>	13 44, 105	0	
2.00	Skilled Nursing Care	0	-	C		0 0	0	
3.00 4.00	Physical Therapy Occupational Therapy	0	0			0 0	0	
5.00	Speech Pathol ogy	0	0	C		0 0	0	
6.00	Medical Social Services	0	0	C	þ	0 0	0	1
7.00	Home Health Aide	0	0	C	D .	0 0	0	
8.00	Supplies (see instructions)	0	0	C		0 0	0	
9. 00 10. 00	Drugs DME	0	0	C C		0 0	0	
11.00	Home Dialysis Aide Services	0	0	C		0 0	0	
12.00	Respiratory Therapy	0	О	C		0 0	0	12.00
13.00	Private Duty Nursing	0	0	C	D	0 0	0	
14.00	Clinic	0	0	C		0 0	0	
15.00 16.00	Health Promotion Activities Day Care Program	0	0			0 0	0	
17.00	Home Delivered Meals Program	0	o	C		0 0	0	
18.00	Homemaker Service	0	0	C		0 0	0	18.00
19.00	All Others (specify)	0	0	C		0 0	0	
19.50	Telemedicine	10 720	0	144 112		0 0	0	19.50
20.00 21.00	Total (sum of lines 1–19) Total cost to be allocated	19, 729 245, 469		144, 113 52, 518				20.00 21.00
22.00	Unit cost multiplier	12. 442040		0. 364422			0. 000000	1
	Cost Center Description		SOCI AL SERVI CE	NURSI NG	PHARMACY	EMS EDUCATION		
		RECORDS &	(TIME CDENT)	PROGRAM	RESI DENCY	(ASSI GNED		
		LI BRARY (GROSS CHAR	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	TI ME)		
		GES)						
	1	16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	9, 208, 916	1 1	C		0 0		1.00
2.00 3.00	Skilled Nursing Care Physical Therapy	0	0	C C		0 0		2.00 3.00
4.00	Occupational Therapy	0	o	C		0 0		4.00
5.00	Speech Pathology	0	0	C		0 0		5.00
6.00	Medical Social Services	0	0	C		0 0		6.00
7.00 8.00	Home Health Aide Supplies (see instructions)	0	0			0 0		7.00 8.00
9.00	Drugs	0	0	0		0 0		9.00
10.00	DME	0	0	C		0 0		10.00
11.00	Home Dialysis Aide Services	0	0	C		0 0		11.00
12.00	Respiratory Therapy	0	0	C	0	0 0		12.00
13.00 14.00	Private Duty Nursing Clinic	0	0			0 0		13.00 14.00
15.00	Health Promotion Activities	0	0	0	ó	0 0		15.00
16.00	Day Care Program	0	Ő	C		0 0		16.00
17.00	Home Delivered Meals Program	0	0	C		0 0		17.00
18.00	Homemaker Service	0	0	C		0 0		18.00
19. 00 19. 50	All Others (specify) Telemedicine	0	0					19.00 19.50
20.00	Total (sum of lines 1-19)	9, 208, 916	0	ſ	ó	0 0		20.00
21.00	Total cost to be allocated	15, 545		C	þ	0 0		21.00
22.00	Unit cost multiplier	0. 001688	0. 000000	0.00000	0.0000	0. 000000		22.00

	Financial Systems		FRANCI SCAN HEAL				u of Form CMS-2	
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider C HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2022 To 12/31/2022	Worksheet H-3 Part I Date/Time Prep	
				TITIA CON.	15-7124	10 12/31/2022	5/30/2023 7:13	
				Title	e XVIII	Home Health Agency I	PPS	•
	Cost Center Description		Facility Costs	Shared	Total HHA	Total Visits	Average Cost	
		H-2, Part I,	(from Wkst.	Ancillary	Costs (cols.	1	Per Visit	
		col. 28, line	H-2, Part I)	Costs (from	+ 2)		(col. 3 ÷ col.	
		0	1.00	Part II)	2.00	4.00	4)	
	PART I - COMPUTATION OF LESSER				3.00	4.00	5.00	
	BENEFICIARY COST LIMITATION	UI AGGREGATE P	KUGKAM CUST, A	JORLOATE OF T			`	
1.00	Cost Per Visit Computation Skilled Nursing Care	2.00	4, 350, 001		4 250 00	01 11, 045	393.84	1.00
2.00	Physical Therapy	3.00	4, 350, 001 3, 033, 421	(	4, 350, 00 3, 033, 42		393.84 395.44	2.00
2.00 3.00	Occupational Therapy	4.00	1, 140, 055	(			395.44	
4.00 4.00	Speech Pathol ogy	5.00	241, 216	(	.,,.		395.44	
4.00 5.00	Medical Social Services	6. 00	134, 450	(	134, 45		395.44	
6.00	Home Heal th Aide	7.00	128, 915		128, 9		395.44	
7.00	Total (sum of lines 1-6)	7.00	9, 028, 058	(			575.44	7.00
7.00			7,020,030		Program Visit			7.00
						art B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject			
	obst benter bescription	0051 21111 15	000/1110. (1)	rui ti A	Deducti bl es			
					Coi nsurance			
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation	•			•			
8.00	Skilled Nursing Care		23844	(	D	0		8.00
8.01	Skilled Nursing Care		26900	(	50 50	)4		8. 01
8.02	Skilled Nursing Care		29200	(		8		8. 02
8.03	Skilled Nursing Care		33140	(	-,			8.03
8.04	Skilled Nursing Care		45460	(	-	23		8.04
8.05	Skilled Nursing Care		99915	(				8.05
9.00	Physical Therapy		23844	(	-	0		9.00
9.01	Physical Therapy		26900	(	39			9.01
9.02	Physical Therapy		29200	(	-	10		9.02
9.03	Physical Therapy		33140	(				9.03
9.04 9.05	Physical Therapy		45460 99915	(	1,59	16		9.04 9.05
9.05 10.00	Physical Therapy Occupational Therapy		23844	(		0		10.00
10.00	Occupational Therapy		26900	(		-		10.00
10.01	Occupational Therapy		29200	(		5		10.02
10.02	Occupational Therapy		33140	(				10.02
10.03	Occupational Therapy		45460	(	-	3		10.04
10.05	Occupational Therapy		99915	(				10.05
11.00	Speech Pathol ogy		23844	(		0		11.00
11.01	Speech Pathology		26900	(	- -	16		11.0
11.02	Speech Pathol ogy		29200	(		1		11.0
11.03	Speech Pathology		33140	(		97		11.0
11.04	Speech Pathology		45460	(		0		11.0
11.05	Speech Pathology		99915	(		99		11.0
12.00	Medical Social Services		23844	(		0		12.00
12.01	Medical Social Services		26900	(		20		12.0
12.02	Medical Social Services		29200	(		1		12.02
12.03	Medical Social Services		33140	(		77		12.0
12.04	Medical Social Services		45460	(	D	0		12.0
12.05	Medical Social Services		99915	(		59		12.0
13.00	Home Health Aide		23844	(	D	0		13.0
13.01	Home Health Aide		26900	(	) <sup>,</sup>	19		13.0 <sup>4</sup>
13.02	Home Health Aide		29200	(		0		13.0
13.03	Home Health Aide		33140	(		53		13.0
13.04	Home Health Aide		45460	(	D	0		13.04
	tee en e	1	00015		- I			
13.05	Home Health Aide		99915	(	) 11, 10	23		13.0

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE			In Lie	eu of Form CMS-2	2552-10
APPORT	IONMENT OF PATIENT SERVICE COST	TS		Provider C	CN: 15-0109		riod: om 01/01/2022	Worksheet H-3 Part I	
				HHA CCN:	15-7124	To			
				Title	e XVIII		Home Health Agency I	PPS	•
	Cost Center Description		Facility Costs	Shared	Total HHA		otal Charges	Ratio (col. 3	
		Part I, col. 28, line	(from Wkst. H-2, Part I)	Ancillary Costs (from	Costs (cols. + 2)	1	(from HHA Records)	÷ col. 4)	
		0	1.00	Part II) 2.00	3.00		4.00	5.00	
	Supplies and Drugs Cost Comput	-	1.00	2.00	3.00		4.00	5.00	
15.00	Cost of Medical Supplies	8. 00 9. 00		0		0 0	132, 960		
16.00	Cost of Drugs	9.00	Program Visits	0	Cost of	0	127, 484	0.000000	16.00
			Dan	+ D	Servi ces		Dort P		
	Cost Center Description	Part A	Par Not Subject to		Part A	N	Part B ot Subject to	Subject to	
			Deductibles &	Deductibles &			eductibles &		
		6.00	Coi nsurance 7.00	Coi nsurance 8.00	9.00		Coi nsurance 10.00	Coi nsurance 11.00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LI	MITA	ATION COST, OF	2	
	BENEFICIARY COST LIMITATION Cost Per Visit Computation								
1.00	Skilled Nursing Care	(				0	2,031,033		1.00
2.00 3.00	Physical Therapy Occupational Therapy		) 3, 918 ) 1, 543			0	1, 549, 334 610, 164		2.00 3.00
4.00	Speech Pathol ogy		213			0	84, 229		4.00
5.00	Medical Social Services	(	167			0	66, 038		5.00
6.00 7.00	Home Health Aide Total (sum of lines 1–6)					0	41, 521 4, 382, 319		6.00 7.00
	Cost Center Description								
	Limitation Cost Computation	6.00	7.00	8.00	9.00		10.00	11.00	
8.00	Skilled Nursing Care								8.00
8. 01 8. 02	Skilled Nursing Care Skilled Nursing Care								8. 01 8. 02
8.02	Skilled Nursing Care								8.02
8.04	Skilled Nursing Care								8. 04
8.05 9.00	Skilled Nursing Care Physical Therapy								8.05 9.00
9.01	Physical Therapy								9.01
9.02	Physical Therapy								9.02
9.03 9.04	Physi cal Therapy Physi cal Therapy								9.03 9.04
9.05	Physical Therapy								9.05
10.00	Occupational Therapy								10.00
10. 01 10. 02	Occupational Therapy Occupational Therapy								10. 01 10. 02
10.03	Occupational Therapy								10.02
10.04	Occupational Therapy								10.04
10. 05 11. 00	Occupational Therapy Speech Pathology								10.05 11.00
11.00	Speech Pathology								11.00
11.02	Speech Pathol ogy								11.02
11. 03 11. 04	Speech Pathol ogy Speech Pathol ogy								11. 03 11. 04
11.05	Speech Pathology								11.05
12.00	Medical Social Services								12.00
12. 01 12. 02	Medical Social Services Medical Social Services								12.01 12.02
12.02	Medical Social Services								12.03
12.04	Medical Social Services								12.04
12.05 13.00	Medical Social Services Home Health Aide								12.05 13.00
	Home Heal th Ai de		1						13.00
13.01	Home Health Aide								13.02
13.02	1								
13. 02 13. 03	Home Health Aide								
13.02	Home Health Aide Home Health Aide Home Health Aide								13. 03 13. 04 13. 05

	Financial Systems IONMENT OF PATIENT SERVICE COST		FRANCI SCAN HEAL		CN: 15 0100		u of Form CMS-2 Worksheet H-3	
17 YUK I	IONWENT OF PATTENT SERVICE COST	ა		HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2022 To 12/31/2022	Part I Date/Time Pre	pared:
				Title	e XVIII	Home Health	5/30/2023 7:1 PPS	3 pm
		Prog	ram Covered Cha	rges	Cost of	Agency I		
					Servi ces			
		David A	Par		Doub A	Part B		
	Cost Center Description	Part A	Not Subject to Deductibles &	Deductibles &	Part A	Not Subject to Deductibles &	Deductibles &	
		6.00	Coi nsurance 7.00	Coi nsurance 8.00	9.00	Coi nsurance 10.00	Coi nsurance 11.00	
F 00	Supplies and Drugs Cost Computa	ations 0	0	0		0 0	0	15. C
5.00 6.00	Cost of Medical Supplies Cost of Drugs		0	(		0 0		
	Cost Center Description	Total Program Cost (sum of						
		col s. 9-10)						
	PART I - COMPUTATION OF LESSER	DE AGGREGATE I	PROGRAM COST A	GOREGATE OF TH		MITATION COST OF	2	
	BENEFICIARY COST LIMITATION							
. 00	Cost Per Visit Computation Skilled Nursing Care	2,031,033						1.0
. 00	Physical Therapy	1, 549, 334						2.0
. 00	Occupational Therapy Speech Pathology	610, 164						3. C 4. C
. 00	Medical Social Services	84, 229 66, 038						4. C
. 00	Home Health Aide	41, 521						6.0
. 00	Total (sum of lines 1-6) Cost Center Description	4, 382, 319						7.0
		12.00						
. 00	Limitation Cost Computation Skilled Nursing Care							8.0
3. 00 8. 01	Skilled Nursing Care							8.0
. 02	Skilled Nursing Care							8.0
. 03 . 04	Skilled Nursing Care Skilled Nursing Care							8. 0 8. 0
. 05	Skilled Nursing Care							8.0
. 00	Physical Therapy							9. (
. 01 . 02	Physical Therapy Physical Therapy							9. ( 9. (
. 02 . 03	Physical Therapy							9.0
. 04	Physical Therapy							9. (
. 05 0. 00	Physical Therapy Occupational Therapy							9. ( 10. (
0.00	Occupational Therapy							10.0
0. 02	Occupational Therapy							10. (
0.03	Occupational Therapy							10.0
0. 04 0. 05	Occupational Therapy Occupational Therapy							10. ( 10. (
1.00	Speech Pathology							11. (
1.01	Speech Pathol ogy							11. (
1. 02 1. 03	Speech Pathol ogy Speech Pathol ogy							11. ( 11. (
1.04	Speech Pathology							11. (
1.05	Speech Pathology							11. (
2.00 2.01	Medical Social Services Medical Social Services							12. ( 12. (
2.02	Medical Social Services							12. (
2.03	Medical Social Services							12.0
2.04 2.05	Medical Social Services Medical Social Services							12. ( 12. (
3.00	Home Heal th Ai de							13. (
3.01	Home Health Aide							13. (
3. 02 3. 03	Home Health Aide Home Health Aide							13. ( 13. (
3.03	Home Heal th Aide							13.0
3.05	Home Health Aide							13.0
4.00	Total (sum of lines 8-13)							14. (

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider C	CN: 15-0109	Period: From 01/01/2022	Worksheet H-3 Part II	
				HHA CCN:	15-7124	To 12/31/2022		
						Home Health	PPS	
		-			-	Agency I		
	Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
		Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
		9, line		provi der	Costs (col.	1 Indicated		
				records)	x col. 2)			
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVIC	ES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	NTS		
1.00	Physical Therapy	66.00	0. 290087	0		0 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67.00	0. 171703	0		Ocol. 2, line 3	. 00	2.00
3.00	Speech Pathology	68.00	0. 203961	0		0 col. 2, line 4	. 00	3.00
4.00	Cost of Medical Supplies	71.00	0. 238588	0		0col. 2, line 1	5.00	4.00
5.00	Cost of Drugs	73.00	0. 425963	0		Ocol. 2, line 1	6. 00	5.00
5.01	Cost of Drugs 1	73.01	121. 810045	0		Ocol. 2, line 1		5.01
			1			1		

	Financial Systems FRANCISCAN HEALTH ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CC	N. 15 0100	Peri od:	In Lie	u of Form CMS-2 Worksheet H-4	
.001/	ATTON OF THE REFINDORSEMENT SETTLEMENT	HHA CCN:	15-7124	From 01	/01/2022 /31/2022	Part I-II Date/Time Prej 5/30/2023 7:13	pare
		Title	XVIII		Heal th ncy I	PPS	
				Agei		t B	
			Part A		ubject to tibles &	Subject to Deductibles &	
					surance	Coi nsurance	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUST	OMARY CHARGE	<u> </u>	2	2. 00	3.00	
	Reasonable Cost of Part A & Part B Services		<u> </u>	1			
0	Reasonable cost of services (see instructions) Total charges			0 0	0	0	1
0	Customary Charges			0	0	0	
0	Amount actually collected from patients liable for payment fo	r services		0	0	0	3
0	on a charge basis (from your records) Amount that would have been realized from patients liable for	payment		0	0	0	4
0	for services on a charge basis had such payment been made in			0	J. J	Ũ	
0	with 42 CFR §413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	00	0.000000	0.000000	5
0	Total customary charges (see instructions)		0.0000	0	0.000000	0.000000	e
	Excess of total customary charges over total reasonable cost	(complete		0	0	0	7
0	only if line 6 exceeds line 1) Excess of reasonable cost over customary charges (complete on	lvifline		0	0	0	6
	1 exceeds line 6)	· · · · · · · ·		-	-		
0	Primary payer amounts			0 Pa	932 art A	0 Part B	9
					rvices	Services	
				1	. 00	2.00	
00	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT Total reasonable cost (see instructions)				0	-932	1 10
00	Total PPS Reimbursement - Full Episodes without Outliers				0	2, 167, 248	1
00	Total PPS Reimbursement - Full Episodes with Outliers				0	235, 769	
00 00	Total PPS Reimbursement - LUPA Episodes Total PPS Reimbursement - PEP Episodes				0	43, 312 4, 973	
00	Total PPS Outlier Reimbursement - Full Episodes with Outliers				0	41, 741	
00 00	Total PPS Outlier Reimbursement - PEP Episodes				0	0	10
00	Total Other Payments DME Payments				0	0	1
00	Oxygen Payments				0	0	1
00 00	Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coins				0	0	20
00	Subtotal (sum of lines 10 thru 20 minus line 21)	ui ance)			0	2, 492, 111	2
00	Excess reasonable cost (from line 8)				0	0	2
00 00	Subtotal (line 22 minus line 23) Coinsurance billed to program patients (from your records)				0	2, 492, 111 0	24
00	Net cost (line 24 minus line 25)				0	2, 492, 111	
00	Allowable bad debts (from your records)					0	2
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible (see instructions)					0	
00	Total costs - current cost reporting period (see instructions)	)			0	2, 492, 111	
00	NET MSP PAYMENTS				0	932	
50 99	Pioneer ACO demonstration payment adjustment (see instruction Demonstration payment adjustment amount before sequestration	s)			0	0	30
00	Subtotal (see instructions)				0	2, 493, 043	
01	Sequestration adjustment (see instructions)				0	29, 652	
02 75	Demonstration payment adjustment amount after sequestration Sequestration adjustment for non-claims based amounts (see in	structions)			0 0	0	31
00	Interim payments (see instructions)	51 461 013)			0	2, 463, 391	32
00	Tentative settlement (for contractor use only)				0	0	33
00	Balance due provider/program (line 31 minus lines 31.01, 31.0				0	0	34
00	Protested amounts (nonallowable cost report items) in accorda chapter 1, §115.2		TUD. 10-2,		0	0	35

GRAM BENEFI CLARI ES						
JIAW DENETTOTARIES	HHA CCN:	15-7124	FI To	rom 01/01/2022 p 12/31/2022	Date/Time Prep	parec
				Home Health	5/30/2023 7:13 PPS	s pili
	I npati en	t Part A			t B	
	mm/dd/yyyy	Amount		mm/dd/yyyy	Amount	
	1.00	2.00		3.00		
Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0		2, 463, 391 0	1. 2.
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.
			0		0	3.
			0		0	3.
			0		0	3
						3
			0		0	3
Provider to Program			0		0	3
						3
					Ö	3
			0		0	3
			0		0	3
Subtotal (sum of lines 3.01-3.49 minus sum of lines			0		0	3
			~		0.440.004	
(transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0		2, 463, 391	4
TO BE COMPLETED BY CONTRACTOR						
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
Program to Provider						
						5
						5 5
Provider to Program			0		0	0
			0		0	5
			0		0	5
			0		0	5
			0		0	5
Determined net settlement amount (balance due) based on						6
SETTLEMENT TO PROVIDER			0		0	6
SETTLEMENT TO PROGRAM			0		0	6
Total Medicare program liability (see instructions)			0		2, 463, 391	7
				Contractor	NPR Date	
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 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) Program to Provider Provider to Program Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32) TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider Provider to Program Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1) SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	Total interim payments paid to provider       1.00         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       1.00         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)       Program to Provider         Program to Provider       Provider to Program         Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)       7.2, and 3.99)         Total interim payments (sum of lines 1, 2, and 3.99)       (transfer to WKst. H-4, Part II, column as appropriate, line 32)         To BE COMPLETED BY CONTRACTOR       List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)         Provider to Program	1.00     2.00       Total interim payments paid to provider     1.00     2.00       Total interim payments payable on Individual bills, either     submitted or to be submitted to the contractor for     1.00     2.00       services rendered in the cost reporting period. If none, write "NONE" or enter a zero     11.00     2.00       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)     Program to Provider   Provider to Program  Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payments (sum of lines 1, 2, and 3.99) Total interim payment tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider  Provider to Program  Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1) SETTLEMENT TO PROGRM Total Medicare program liability (see instructions)  O	mm/dd/yyyy         Amount           1.00         2.00           Total 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           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)         0           Program to Provider         0         0         0           Provider to Program         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)         0         0         0           Total interin payments (sum of lines 1, 2, and 3.99) (transfer to Wst. H-4, Part II, column as appropriate, line 32)         0         0         0           D BE CONPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)         0         0           Provider to Program         0         0         0         0           Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)         0         0         0           Determined net settlement amount (balance due) based on the cost report. (1) SETTLEMENT TO PROGRAM Total Medicare program liability (see instructions)         0         0	mm/dd/yyyy         Amount         mm/dd/yyyy           Total interim payments payable on individual bills, either submitted or to be submitted to the contractor for submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 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)         0           Program to Provider         0         0         0           Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wst. H-4, Part II, column as appropriate, line 32)         0         0           D BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)         0         0           Program to Provider         0         0         0         0           0         0         0         0         0           0         0         0         0         0           0         0         0         0         0           0         0         0         0         0           0         0         0         0         0           0         0         0         0         0	Inpatient Part A         Part B           mm/dd/yyyy         Amount         mm/dd/yyyy         Amount           Total interim payments paid to provider         0         3.000         4.00           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 "NOME" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Nos bod date of each payment. If none, write "NOME" or enter a zero. (1)         Image: Comparison of the interim rate on the cost reporting period. Nos bod date of each payment. If none, write "NOME" or enter a zero. (1)           Provider to Program         0         0         0         0           Provider to Program         0

NALYS	Financial Systems SIS OF HOSPITAL-BASED HOSPICE COSTS	FRANCI SCAN HEALT		CN: 15-0109	Peri od:	u of Form CMS- Worksheet O	
			Hospi ce CC		From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
		0.11 4.51 5.0	071150		Hospi ce I		
		SALARIES	OTHER	SUBTOTAL (cc 1 plus col.		SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS			1			
. 00	CAP REL COSTS-BLDG & FIXT*			C	0 0	0	
. 00	CAP REL COSTS-MVBLE EQUIP*		30, 710			0	
. 00	EMPLOYEE BENEFITS DEPARTMENT*	0	-5, 342			0	
. 00	ADMINISTRATIVE & GENERAL*	365, 171	2, 300, 312			2, 308, 708	
. 00	PLANT OPERATION & MAINTENANCE*	0	(	C	0 0	0	
00	LAUNDRY & LINEN SERVICE*	0	(		0 0	0	
00	HOUSEKEEPI NG*	0	(		0 0	0	
00	DI ETARY*	0	(	)	0 0	0	
00	NURSI NG ADMI NI STRATI ON*	355, 414	(	0 355, 4		355, 414	
D. 00	ROUTINE MEDICAL SUPPLIES*	0	10, 320			10, 326	
1.00	MEDI CAL RECORDS*	0		C	0 0	0	
2.00	STAFF TRANSPORTATI ON*	0			0 0	0	
3.00	VOLUNTEER SERVICE COORDINATION*	44, 878		D 44,8		44, 878	
4.00	PHARMACY*	0		C	0 0	0	
5.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES*	0	251, 77	5 251, 7		251, 775	
5.00	OTHER GENERAL SERVICE*	0	(	C	0 0	0	
7.00	PATIENT/RESIDENTIAL CARE SERVICES						17
	DI RECT PATI ENT CARE SERVICE COST CENTERS			-1	-	-	
5.00	INPATIENT CARE-CONTRACTED**				0 0	0	
5.00	PHYSI CI AN SERVI CES**	0		C	0 0	0	
. 00	NURSE PRACTITIONER**	0			0 0	0	
3. 00	REGI STERED NURSE**	1, 735, 594	(	1, 735, 5		1, 735, 594	
9.00	LPN/LVN**	0	(	C	0 0	0	
). 00	PHYSICAL THERAPY**	0	(	0	0 0	0	
1.00	OCCUPATIONAL THERAPY**	0	(	0	0 0	0	
2.00	SPEECH/LANGUAGE PATHOLOGY**	0	(		0 0	0	
3.00	MEDICAL SOCIAL SERVICES**	188, 376	(	0 188, 3		188, 376	
1.00	SPIRITUAL COUNSELING**	224, 930		224,9		224, 930	
5.00	DI ETARY COUNSELI NG**	0		D	0 0	0	
5.00	COUNSELING - OTHER**	0			0 0	0	
7.00	HOSPICE AIDE & HOMEMAKER SERVICES**	176, 214	(	0 176, 2	.14 0	176, 214	
3.00	DURABLE MEDI CAL EQUI PMENT/OXYGEN**	0	(		0 0	0	
9.00	PATIENT TRANSPORTATION**	0	38, 252			38, 252	
. 00	I MAGI NG SERVI CES**	0		C	0 0	0	
1.00	LABS & DI AGNOSTI CS**	0			0 0	0	
2.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	81, 02			0	
2.50	DRUGS CHARGED TO PATI ENTS**	0	219, 520			0	
. 00	OUTPATIENT SERVICES**	0		C	0 0	0	1
4.00	PALLIATIVE RADIATION THERAPY**	0		C	0 0	0	
5.00	PALLIATIVE CHEMOTHERAPY**	0			0 0	0	
o. 00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	(	0	0 0	0	46
	NONREI MBURSABLE COST CENTERS	-		-1	-	-	
0.00	BEREAVEMENT PROGRAM *	0		D	0 0	0	
. 00	VOLUNTEER PROGRAM *	0		D	0 0	0	
. 00	FUNDRAI SI NG*	0		C	0 0	0	
. 00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0		C	0 0	0	
. 00	PALLIATIVE CARE PROGRAM*	0		C	0 0	0	
. 00	OTHER PHYSI CI AN SERVI CES*	0	(	D D	0 0	0	
5.00	RESIDENTIAL CARE*	0	(		0 0	0	
. 00	ADVERTI SI NG*	0	(		0 0	0	
3. 00	TELEHEALTH/TELEMONI TORI NG*	0	(		0 0	0	
9.00	THRI FT STORE*	0	(		0 0	0	
). 00	NURSING FACILITY ROOM & BOARD*	0		C	0 0	0	
	OTHER NONREIMBURSABLE (SPECIFY)*	0		C	0 0	0	
00 00	TOTAL	3, 090, 577	2, 926, 590	0,017,1	67 -682, 700	5, 334, 467	1100

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

NALYSI	Financial Systems S OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN	: 15-0109	Peri od:	Worksheet O	
			Hospice CCN:	15-1563	From 01/01/2022 To 12/31/2022	Date/Time Pro	
					Hospi ce I	5/30/2023 7:	13 pi
		ADJUSTMENTS	TOTAL (col. 5				
		6.00	± col. 6) 7.00				
(	GENERAL SERVICE COST CENTERS	6.00	7.00				
-	CAP REL COSTS-BLDG & FIXT*	0	0				1
00	CAP REL COSTS-MVBLE EQUIP*	0	0				2
00	EMPLOYEE BENEFITS DEPARTMENT*	0	o				3
00	ADMINISTRATIVE & GENERAL*	0	2, 308, 708				4
00	PLANT OPERATION & MAINTENANCE*	0	0				5
00	LAUNDRY & LINEN SERVICE*	0	0				6
	HOUSEKEEPI NG*	0	0				7
	DI ETARY*	0	0				8
	NURSING ADMINISTRATION*	0	355, 414				9
	ROUTINE MEDICAL SUPPLIES*	0	10, 326				10
	MEDI CAL RECORDS*	0	0				11
	STAFF TRANSPORTATI ON*	0	0				12
	VOLUNTEER SERVICE COORDINATION*	0	44, 878				13
	PHARMACY*	0					14
	PHYSI CI AN ADMI NI STRATI VE SERVI CES*	0					15
	OTHER GENERAL SERVICE*	0	0				16
-	PATIENT/RESIDENTIAL CARE SERVICES						17
-	DI RECT PATI ENT CARE SERVI CE COST CENTERS	0	0				25
	I NPATI ENT CARE-CONTRACTED** PHYSI CI AN SERVI CES**		-				26
	NURSE PRACTITIONER**						27
	REGI STERED NURSE**		1, 735, 594				28
	LPN/LVN**		0 1,735,594				29
	PHYSI CAL THERAPY**		0				30
	OCCUPATIONAL THERAPY**	0	0				31
	SPEECH/LANGUAGE PATHOLOGY**	0	0				32
	MEDICAL SOCIAL SERVICES**	0	188, 376				33
	SPI RI TUAL COUNSELI NG**	0	224, 930				34
. 00	DI ETARY COUNSELI NG**	0	0				35
. 00	COUNSELING - OTHER**	0	0				36
. 00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	176, 214				37
. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0				38
0.00	PATIENT TRANSPORTATION**	0	38, 252				39
. 00	I MAGI NG SERVI CES**	0	0				40
. 00	LABS & DIAGNOSTICS**	0	0				4
. 00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0				42
	DRUGS CHARGED TO PATIENTS**	0	0				42
	OUTPATI ENT SERVI CES**	0	0				43
	PALLIATIVE RADIATION THERAPY**	0	0				44
	PALLIATIVE CHEMOTHERAPY**	0	-				45
	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0				46
	NONREI MBURSABLE COST CENTERS						
	BEREAVEMENT PROGRAM *	0	1				60
	VOLUNTEER PROGRAM *	0	0				61
	FUNDRALSING*		0				62
	HOSPICE/PALLIATIVE MEDICINE FELLOWS*		0				63
	PALLIATIVE CARE PROGRAM* OTHER PHYSICIAN SERVICES*		0				64
	RESIDENTIAL CARE*						65
	ADVERTI SI NG*		0				67
	TELEHEALTH/TELEMONI TORI NG*						68
	THRIFT STORE*						69
	NURSING FACILITY ROOM & BOARD*						70
	OTHER NONREIMBURSABLE (SPECIFY)*						71
	TOTAL		°				100
	fer the amounts in column 7 to Wkst. 0-5,	0	0,001,107				

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

Health Financial Systems	FRANCI SCAN HEALTH				u of Form CMS-	
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	FOR HOSPICE CONTINUOUS	Provider CC	N: 15-0109	Peri od:	Worksheet 0-1	
HOME CARE		Hospi ce CCN	l: 15-1563	From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
			<u>1 + col. 2)</u>	CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATI ENT CARE SERVI CE COST CE	INTERS					1 05 00
25. 00 INPATIENT CARE-CONTRACTED		0				25.00
26. 00 PHYSI CI AN SERVI CES	0	0		0 0	0	20.00
27.00 NURSE PRACTITIONER	0	0		0 0	0	1 - / . 00
28.00 REGI STERED NURSE	0	0		0 0	0	1 20.00
29.00 LPN/LVN	0	0		0 0	0	1 - / . 0
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	1 001 01
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	1 0 0
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	1 02.00
33.00 MEDICAL SOCIAL SERVICES	0	0		0 0	0	
34.00 SPIRITUAL COUNSELING	0	0		0 0	0	
35. 00 DI ETARY COUNSELI NG	0	0		0 0	0	
36.00 COUNSELING - OTHER	0	0		0 0	0	00.0
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	0	0		0 0	0	1 0 / 1 0
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	00.0
39.00 PATIENT TRANSPORTATION	0	0		0 0	0	07.0
40.00 I MAGI NG SERVI CES	0	0		0 0	0	1 .0.0
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	1
42.00 MEDICAL SUPPLIES-NON-ROUTINE	0	0		0 0	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECI)	FY) 0	0		0 0	0	46.00
100.00 TOTAL *	0	0		0 0	0	100.00
* Transfer the amount in column 7 to Wkst	0-5, column 1, line 50.					
						<u> </u>

		ADJUSTMENTS	TOTAL (col. 5	
			± col. 6)	
		6.00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATI ONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPI RI TUAL COUNSELI NG	0	0	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00
* Trar	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 50.		

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HO	SPICE ROUTINE HOME	Provider CC		Peri od:	Worksheet 0-2	
CARE		Hospi ce CCN	N: 15-1563	From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col 1 + col. 2)	. RECLASSI FI - CATI ONS	SUBTOTAL	
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00 INPATIENT CARE-CONTRACTED						25.00
26. 00 PHYSI CI AN SERVI CES	0	0		0 0	0	26.00
27.00 NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00 REGISTERED NURSE	1, 732, 997	0	1, 732, 99	07	1, 732, 997	28.00
29.00 LPN/LVN	0	0		0 0	0	29.00
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	30.00
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00 MEDICAL SOCIAL SERVICES	188, 094	0	188, 09	04 0	188, 094	33.00
34.00 SPI RI TUAL COUNSELI NG	224, 593	0	224, 59	03 0	224, 593	34.00
35.00 DI ETARY COUNSELI NG	0	0		0 0	0	35.00
36.00 COUNSELING - OTHER	0	0		0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	175, 951	0	175, 95	0	175, 951	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	38, 195	38, 19	05 0	38, 195	39.00
40. 00 I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.00
42.00 MEDICAL SUPPLIES-NON-ROUTINE	0	80, 903	80, 90	-80, 903	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	219, 197	219, 19	-219, 197	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		0 0	0	46.00
100.00 TOTAL *	2, 321, 635	338, 295	2, 659, 93	- 300, 100	2, 359, 830	100 00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED			25.0
26.00	PHYSI CI AN SERVI CES	0	0	26.0
27.00	NURSE PRACTITIONER	0	0	27.0
28.00	REGI STERED NURSE	0	1, 732, 997	28.0
29.00	LPN/LVN	0	0	29.0
30.00	PHYSI CAL THERAPY	0	0	30.0
31.00	OCCUPATIONAL THERAPY	0	0	31.0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.0
33.00	MEDICAL SOCIAL SERVICES	0	188, 094	33.0
34.00	SPI RI TUAL COUNSELI NG	0	224, 593	
35.00	DI ETARY COUNSELI NG	0	0	35. 0
36.00	COUNSELING - OTHER	0	0	36.0
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	175, 951	37.0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.0
39.00	PATI ENT TRANSPORTATI ON	0	38, 195	39.0
40.00	I MAGI NG SERVI CES	0	0	40.0
41.00	LABS & DIAGNOSTICS	0	0	41. C
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.0
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.5
43.00	OUTPATI ENT SERVICES	0	0	43.0
44.00	PALLIATIVE RADIATION THERAPY	0	0	44. C
45.00	PALLI ATI VE CHEMOTHERAPY	0	0	45. C
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.0
100.00	TOTAL *	0	2, 359, 830	100. C
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 51.		

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

Health Financial Systems	FRANCI SCAN HEALT	H LAFAYETTE			u of Form CMS-2	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	FOR HOSPICE INPATIENT	Provider CC		Period:	Worksheet 0-3	
RESPI TE CARE		Hospi ce CCN		From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 7:1	pared: 3 pm
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
			1 + col. 2)	CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST (	ENTERS			-		
25.00 INPATIENT CARE-CONTRACTED		0		0 C	0	
26.00 PHYSICIAN SERVICES	0	0		0 0	0	26.00
27.00 NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00 REGI STERED NURSE	2, 260	0	2, 26	0 0	2, 260	
29.00 LPN/LVN	0	0		0 0	0	29.00
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	30.00
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00 MEDICAL SOCIAL SERVICES	245	0	24	5 0	245	33.00
34.00 SPI RI TUAL COUNSELI NG	293	0	29	3 0	293	34.00
35.00 DI ETARY COUNSELI NG	0	0		0 0	0	35.00
36.00 COUNSELING - OTHER	0	0		0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	229	0	22	9 0	229	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	50	5	0 0	50	39.00
40.00 I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.00
42.00 MEDICAL SUPPLIES-NON-ROUTINE	0	106	10	6 -106	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	286	28	6 -286	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPEC	FY) 0	0		0 0	0	46.00
100.00 TOTAL *	3, 027	442	3, 46	9 - 392	3, 077	100.00

 100.00
 Total \*
 3,027

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

		ADJUSTMENTS	TOTAL (col. 5	
			± col. 6)	
		6.00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS	1		
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	2, 260	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATI ONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	245	33.00
34.00	SPI RI TUAL COUNSELI NG	0	293	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	229	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	50	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
	TOTAL *	0	3, 077	100.00
* Tran	isfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 52.		

Health Financial Systems	FRANCI SCAN HEAI	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS	FOR HOSPICE GENERAL	Provider C		Period:	Worksheet 0-4	
I NPATI ENT CARE		Hospi ce CC		From 01/01/2022 To 12/31/2022	Date/Time Pre	pared:
					5/30/2023 7:1	3 pm
				Hospice I		
	SALARI ES	OTHER	SUBTOTAL (col	. RECLASSI FI -	SUBTOTAL	
			1 + col. 2)	CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST C	ENTERS	1	1			
25.00 INPATIENT CARE-CONTRACTED		C		0 0	0	
26.00 PHYSI CI AN SERVI CES	0	C		0 0	0	
27.00 NURSE PRACTITIONER	0	C		0 0	0	
28.00 REGI STERED NURSE	337	C	33	7 0	337	28.00
29.00 LPN/LVN	0	C		0 0	0	
30. 00 PHYSI CAL THERAPY	0	C		0 0	0	00.00
31.00 OCCUPATIONAL THERAPY	0	C		0 0	0	
32.00 SPEECH/LANGUAGE PATHOLOGY	0	C		0 0	0	
33.00 MEDICAL SOCIAL SERVICES	37	C	3	7 0	37	33.00
34.00 SPIRITUAL COUNSELING	44	C	4	4 0	44	34.00
35. 00 DI ETARY COUNSELI NG	0	C	)	0 0	0	35.00
36.00 COUNSELING - OTHER	0	C	)	0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	34	C	3	4 0	34	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	C	)	0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	7		7 0	7	39.00
40.00 I MAGI NG SERVI CES	0	C	)	0 0	0	40.00
41.00 LABS & DIAGNOSTICS	0	C	)	0 0	0	41.00
42.00 MEDICAL SUPPLIES-NON-ROUTINE	0	16	1	6 -16	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	43	4	3 -43	0	42.50
43.00 OUTPATIENT SERVICES	0	C	)	0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	C	)	0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	C	)	0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECI	FY) 0	C		0 0	0	46.00
100.00 TOTAL *	452	66	51	8 -59	459	100.00

 100.00
 TOTAL \*
 452

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

		ADJUSTMENTS	TOTAL (col. 5	
			± col. 6)	
		6.00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	337	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATI ONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	37	33.00
34.00	SPI RI TUAL COUNSELI NG	0	44	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	34	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	459	100.00
* Tran	isfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 53.		

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION	Provider CO	N 1F 0100			2552-10
EXPENSES FOR ALLOCATION		JN: 15-0109	Peri od:	Worksheet 0-5	
			From 01/01/2022		
	Hospi ce CCI	N: 15-1563	To 12/31/2022	Date/Time Pre 5/30/2023 7:1	
			Hospi ce I	37 307 2023 7.1	
Descriptions		HOSPICE DIRE		TOTAL EXPENSES	
		EXPENSES (se		(sum of cols.	
		instructions		1 + 2)	
			WKST B PART I	,	
			(see		
			instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT			0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP			0 0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT			0 697, 237		3.00
4.00 ADMINISTRATIVE & GENERAL		2, 308, 70	08 1, 650, 013		4.00
5.00 PLANT OPERATION & MAINTENANCE			0 0	0	
6.00 LAUNDRY & LINEN SERVICE			0 0	0	6.00
7. 00 HOUSEKEEPI NG			0 0	0	7.00
8. 00 DI ETARY			0 0	0	8.00
9. 00 NURSING ADMINISTRATION		355, 41			9.00
10. 00 ROUTINE MEDICAL SUPPLIES		10, 32	26 5, 767	16, 093	10.00
11. 00 MEDI CAL RECORDS			0 146, 561	146, 561	11.00
12.00 STAFF TRANSPORTATION			0	0	
13. 00 VOLUNTEER SERVICE COORDINATION		44, 8	78	44, 878	13.00
14.00 PHARMACY			0 0	0	14.00
15. 00 PHYSI CI AN ADMI NI STRATI VE SERVI CES		251, 7		251, 775	
16. 00 OTHER GENERAL SERVICE			0 0		
17.00 PATI ENT/RESI DENTI AL CARE SERVI CES			0	0	17.00
LEVEL OF CARE					
50.00 HOSPICE CONTINUOUS HOME CARE			0	0	
51.00 HOSPICE ROUTINE HOME CARE		2, 359, 83		2, 359, 830	
52.00 HOSPICE INPATIENT RESPITE CARE		3, 0		3, 077	
53.00 HOSPICE GENERAL INPATIENT CARE		4	59	459	53.00
NONREI MBURSABLE COST CENTERS				0	1 10 00
60. 00 BEREAVEMENT PROGRAM			0	0	60.00
61. 00 VOLUNTEER PROGRAM			0	0	61.00
			0	0	62.00
63. 00 HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS			0	0	63.00
64. 00 PALLI ATI VE CARE PROGRAM			0	0	64.00
65. 00 OTHER PHYSI CI AN SERVI CES			0	0	65.00
66. 00 RESIDENTIAL CARE			0	0	66.00
67. 00 ADVERTI SI NG			0	0	67.00
68. 00 TELEHEALTH/TELEMONI TORI NG				0	68.00
69.00 THRIFT STORE 70.00 NURSING FACILITY ROOM & BOARD				0	69.00 70.00
70.00 NURSING FACILITY ROOM & BOARD 71.00 OTHER NONREIMBURSABLE (SPECIFY)			0	0	70.00
99.00 NEGATIVE COST CENTER			0	0	99.00
100.00 TOTAL		5, 334, 40	57 2, 813, 323	-	
100. OUT TOTAL		3, 334, 40	2,013,323	0, 147, 790	1.00.00

	Financial Systems	FRANCI SCAN HEALT				In Lie	u of Form CMS-2	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider C Hospice CC		Period: From 01/ To 12/	01/2022 31/2022		pared: 3 pm
					Hospi	ce I		
	Descriptions	TOTAL EXPENSES CA	AP REL BLDG & FIX	CAP REL MVBI EQUI P	E EMPL BENE DEPAR	FITS	SUBTOTAL	
		0	1.00	2.00	3.	00	3A	
	GENERAL SERVICE COST CENTERS			_				
1.00	CAP REL COSTS-BLDG & FIXT	0	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	697, 237	0		0	697, 237		3.00
4.00	ADMINISTRATIVE & GENERAL	3, 958, 721	0		0	0	3, 958, 721	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0	0	0	6.00
7.00	HOUSEKEEPING	0	0		0	0	0	7.00
8.00	DI ETARY	0	0		0	0	0	8.00
9.00	NURSING ADMINISTRATION	669, 159	0		0	0	669, 159	9.00
10.00	ROUTINE MEDICAL SUPPLIES	16, 093	0		0	0	16, 093	10.00
11.00	MEDICAL RECORDS	146, 561	0		0	0	146, 561	11.00
12.00	STAFF TRANSPORTATION	0	0		0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	44, 878	0		0	0	44, 878	13.00
14.00	PHARMACY	0	0		0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	251, 775	0		0	0	251, 775	15.00
16.00	OTHER GENERAL SERVICE	0	0		0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0		0		0	17.00
	LEVEL OF CARE							
50.00	HOSPI CE CONTI NUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2, 359, 830				0	2, 359, 830	
52.00	HOSPICE INPATIENT RESPITE CARE	3, 077	0		0	0	3, 077	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	459	0		0	697, 237	697, 696	53.00
	NONREI MBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0		0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	0	0	61.00
62.00	FUNDRAI SI NG	0	0		0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	0	0	64.00
65.00	OTHER PHYSI CLAN SERVI CES	0	0		0	0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0	0	0	66.00
67.00	ADVERTI SI NG	0	0		0	0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0	0	0	68.00
69.00	THRI FT STORE	0	0		0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	_			_	0	70.00
	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0 147 700	99.00
100.00	TUTAL	8, 147, 790	0		0	697, 237	8, 147, 790	100.00

COST A	ALLOCATI ON - HOSPI TAL-BASED HOSPI CE GENERAL	SERVICE COSTS	Provider C Hospice CC	CN: 15-0109 N: 15-1563	F	eriod: rom 01/01/2022 o 12/31/2022 Hospice I	Worksheet O Part I Date/Time P 5/30/2023 7	rep	pared: 3 pm
	Descriptions	ADMI NI STRATI VE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVIO		HOUSEKEEPING	DI ETARY		
		4.00	5.00	6.00		7.00	8.00		
	GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMI NI STRATI VE & GENERAL	3, 958, 721							4.00
5.00	PLANT OPERATION & MAINTENANCE	0	C						5.00
6.00	LAUNDRY & LINEN SERVICE	0	C		0				6.00
7.00	HOUSEKEEPING	0	C			0			7.00
8.00	DI ETARY	0	C			0		0	8.00
9.00	NURSING ADMINISTRATION	632, 363	C			0			9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES	15, 208	C	)		0			10.00
11.00	MEDI CAL RECORDS	138, 502	C	)		0			11.00
12.00	STAFF TRANSPORTATION	0	C	)		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	42, 410	C	)		0		1	13.00
14.00	PHARMACY	0	C			0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	237, 930	C			0			15.00
16.00	OTHER GENERAL SERVICE	0	C			0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	C			0			17.00
	LEVEL OF CARE		-			· · · · ·			
50.00	HOSPI CE CONTI NUOUS HOME CARE	0							50.00
51.00	HOSPICE ROUTINE HOME CARE	2, 230, 069							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2, 908	C		0	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	659, 331	C		0	0		0	53.00
	NONREI MBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	C	)		0			60.00
61.00	VOLUNTEER PROGRAM	0	C			0			61.00
62.00	FUNDRAI SI NG	0	C			0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	C			0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	C			0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	C			0			65.00
66.00	RESI DENTI AL CARE	0	C		0	0		0	66.00
67.00	ADVERTI SI NG	0	C			0			67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	C			0			68.00
69.00	THRI FT STORE	0	C			0			69.00
70.00	NURSING FACILITY ROOM & BOARD								70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	C		0	0		0	71.00
	NEGATI VE COST CENTER	0	0		0	0		0	99.00
	TOTAL	3, 958, 721		1	~				100.00

	Financial Systems	FRANCI SCAN HEAL	TH_LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST A	ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider CO Hospice CCI		Period: From 01/01/2022 To 12/31/2022	Worksheet 0-6 Part I Date/Time Pre 5/30/2023 7:1	pared:
					Hospi ce I	5/ 50/ 2023 7.1	5 pili
	Descriptions	NURSI NG ADMI NI STRATI ON	ROUTI NE MEDI CAL SUPPLI ES	MEDI CAL RECORDS	STAFF TRANSPORTATI ON	VOLUNTEER SERVI CE COORDI NATI ON	
		9,00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION	1, 301, 522					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	31, 301				10.00
11.00	MEDI CAL RECORDS	0		285, 0	63		11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	87, 288	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES						17.00
	LEVEL OF CARE						]
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	31, 258	284, 6	71 0	87, 168	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	39	3	54 0	108	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1, 301, 522	4		38 0	12	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAI SI NG	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSI CI AN SERVI CES	0			0	0	65.00
66.00	RESI DENTI AL CARE	0			0	0	66.00
67.00	ADVERTI SI NG	0			0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
69.00	THRI FT STORE	0			0	0	
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREI MBURSABLE (SPECIFY)	0			0	0	
99.00	NEGATIVE COST CENTER	0	0		0 0	0	
100 00	TOTAL	1, 301, 522	31, 301	285,0	63 0	87, 288	100.00

Heal th	Financial Systems	FRANCISCAN HEA	LTH_LAFAYETTE		In Lie	u of Form CMS-:	2552-10
COST #	ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provider C Hospice CC		Period: From 01/01/2022 To 12/31/2022	Worksheet 0-6 Part I Date/Time Pre	pared:
					Hospi ce I	5/30/2023 7:1	3 pm
	Descriptions	PHARMACY	PHYSICIAN	OTHER GENERA		TOTAL	
		110 110 10 1	ADMI NI STRATI VE SERVI CES		RESI DENTI AL CARE SERVI CES		
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS			1			
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00			400 705				14.00
15.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES		489, 705		0		15.00
16.00	OTHER GENERAL SERVICE	, (			0		16.00 17.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
50, 00	HOSPICE CONTINUOUS HOME CARE	(			0	0	50.00
50.00	HOSPICE CONTINUOUS HOME CARE		-		0	5, 482, 028	
51.00	HOSPICE ROOTTINE HOME CARE	(			0 0	7, 094	•
53.00	HOSPICE GENERAL INPATIENT CARE	(			0 0	2, 658, 668	1
55.00	NONREIMBURSABLE COST CENTERS		<u>/</u> 03		0 0	2,030,000	55.00
60, 00	BEREAVEMENT PROGRAM	(			0	0	60.00
61.00	VOLUNTEER PROGRAM	(			0	0	
62.00	FUNDRAI SI NG				0	0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	
64.00	PALLIATIVE CARE PROGRAM				0	0	00.00
65.00	OTHER PHYSI CI AN SERVI CES				0	0	
66.00	RESI DENTI AL CARE				0 0	0	1
67.00	ADVERTI SI NG				0	0	
68.00	TELEHEALTH/TELEMONI TORI NG				0	0	
69.00	THRI FT STORE	( (			0	0	1
70.00	NURSING FACILITY ROOM & BOARD				-	0	1
71.00	OTHER NONREI MBURSABLE (SPECI FY)	(			0 0	0	
99.00	NEGATI VE COST CENTER	(			0 0	0	
	TOTAL	(	489, 705		0 0	8, 147, 790	
	1 -			1		2, , , , , 0	1

	Financial Systems		TH LAFAYETTE			u of Form CMS-2	
	LOCATION - HOSPITAL-BASED HOSPICE GENE	RAL SERVICE COSTS	Provider CC	CN: 15-0109	Period:	Worksheet 0-6	
STATI S	FICAL BASIS		Hospi ce CCN	I: 15-1563	From 01/01/2022 To 12/31/2022	Part II Date/Time Pre	narod
			nospi ce con	N. 15-1505	10 12/31/2022	5/30/2023 7:1	
					Hospi ce I		
	Cost Center Descriptions	CAP REL BLDG &	CAP REL MVBLE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
		FLX	EQUI P	BENEFITS		& GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	DEPARTMENT		(ACCUMULATED	
				(GROSS		COSTS)	
				SALARI ES)			
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.0
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.0
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	3, 065, 36			3.0
4.00	ADMI NI STRATI VE & GENERAL	0	0		0 -3, 958, 721	4, 189, 069	
5.00	PLANT OPERATION & MAINTENANCE	0	0		0 0	0	
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	
7.00	HOUSEKEEPING	0	0		0 0	0	
3.00	DI ETARY	0	0		0 0	0	
9.00	NURSING ADMINISTRATION	0	0		0 0	669, 159	
0.00	ROUTINE MEDICAL SUPPLIES	0	0		0 0	16, 093	
1.00	MEDI CAL RECORDS	0	0		0 0	146, 561	
	STAFF TRANSPORTATION	0	0		0 0	0	1
	VOLUNTEER SERVICE COORDINATION	0	0		0 0	44, 878	1
	PHARMACY	0	0		0 0	0	14. C
	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0 0	251, 775	1
	OTHER GENERAL SERVICE	0	0		0 0	0	
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17. C
	LEVEL OF CARE						
	HOSPICE CONTINUOUS HOME CARE				0 0	0	
51.00	HOSPICE ROUTINE HOME CARE				0 0	2, 359, 830	
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0 0	3, 077	
	HOSPICE GENERAL INPATIENT CARE	0	0	3, 065, 36	66 0	697, 696	53.0
	NONREIMBURSABLE COST CENTERS BEREAVEMENT PROGRAM	0	0		0 0	0	60. C
50.00 51.00	VOLUNTEER PROGRAM	0	0		0 0	0	
	FUNDRAL SI NG	0	0			0	
3.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	
	PALLIATIVE CARE PROGRAM	0	0			0	64.0
	OTHER PHYSICIAN SERVICES	0	0		0 0	0	
	RESI DENTI AL CARE	0	0		0 0	0	66.0
	ADVERTI SI NG	0	0			0	
8.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	
	THRIFT STORE	0	0			0	
	NURSING FACILITY ROOM & BOARD	0	0			0	70.
	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	
	NEGATIVE COST CENTER	0	0			0	99.0
	COST TO BE ALLOCATED (per Wkst. 0-6, Pa	art L)	0	697.23	37	3, 958, 721	
	555. 15 SE MELOOMIED (por mist. 0 0, 10		0	0,7,20		0, 700, 721	101. 0

COST ALLOCATION - INOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATUSTICAL BASIS         Provider CON: 15-0190 To 12/31/2022         Period: To 12/31/2022         Worksheet 0-6 Part 11 based on 10/01/2022 To 12/31/2022         Worksheet 0-6 Part 11 based on 10/01/2022           Cost Center Descriptions         PLANT OCERTION & LINEN SERVICE COST. SUBJ AND NOT STATUS SOURCE FEED         LUNDEY & UNENSING OD ETATION & MAINTENANCE (SQUARE FEED)         OI ETARY HURS SERVICE COST. SUBJ & FIATION DAYS)         NURSING OI RECTIVE SOURCE FEED         NURSING OI RECTIVE SOURCE SOURCE SOURCE OI COST. SOURCE FEED         1.00 OI RECTIVE SOURCE SOURCE SOURCE OI COST. SOURCE FEED         1.00 OI RECTIVE SOURCE SOURCE SOURCE OI COST. SOURCE SOURCE SOURCE SOURCE OI COST. SOURCE SOUR	Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
Bit Of Site 2 Biol S         Hospice CCR:         15-1563         To         12/31/2022         Date Time Prepared: 5/30/2022           Cost Center Descriptions         PLANT OPERATION & UNA INTRAVENT (SUBARE FEET)         Hospice 1 Hospice 1 DAYS)         Hospice 1 DETARY DAYS)         NURSI MC DETARY DAYS)         NURSI MC DETARY DAYS)           10         CAP REL COST-ENTRE COPERATION & 2000         EXECUTE COST-ENTRE CONTENTS         EXECUTE SUBARE FEET)         HOUSEKEEPIN DAYS)         NURSI MC DAYS)         NURSI MC DAYS)           10         CAP REL COSTS-MURLE EQUIP COSTS-WRUE EQUIP 2000         EXECUTE COSTS-WRUE EQUIP 2000         EXECUTE COSTS-WRUE EQUIP 2000         NURSI MC COSTS-WRUE EQUIP 2000         1.00         0         1.00         0         9.00         1.00           100         CAP REL COSTS-WRUE EQUIP 2000         EXECUTE 2000         NURSI MC 2000         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         3.00         3.00         0         1.00         0         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.00         0         1.1,209         9.00         0         1.00         0	COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provider C	CN: 15-0109			
Cost Center Descriptions         PLANT Departure (INF-ACILITY SUURE FEET)         HouseKEEPING (INF-ACILITY DAYS)         HouseKEEPING (INF-ACILITY DAYS)         HouseKEEPING (INF-ACILITY DAYS)         HouseKEEPING (INF-ACILITY DAYS)         Defation (INF-ACILITY DAYS)           1.00         CAP REL COST-BLDG & FINT (INF-ACILITY DAYS)         5.00         6.00         7.00         8.00         9.00           2.00         CAP REL COST-BLDG & FINT (INF-ACILITY DAYS)         5.00         6.00         7.00         8.00         9.00           3.00         EMPLOYFE BERNET ITS DEPARTMENT 4.00         0.00         0.00         9.00         9.00         9.00           0.00         EMPLOYFE BERNET IS DEPARTMENT 4.00         0.00         0.00         9.00         9.00         9.00         9.00           0.00         EMPLOYFE BERNET IS DEPARTMENT 4.00         0.00         0.00         0.00         0.00         9.00	STATI S	ITI CAL BASI S						
Cost Center Descriptions         PLANT         LAUNDRY & LINEN SERVICE (SOUARE FEET)         HOSEREEPIN (IN-FACILITY DAYS)         HOSEREEFIN (IN-FACILITY DAYS)         NURSING (IN-FACILITY DAYS)         NURSING (IN-FACILITY DAYS)           1:00         CAP REL COST-BLDC & FIXT         2.00         6.00         7.00         8.00         9.00           1:00         CAP REL COSTS-BLDC & FIXT         2.00         6.00         7.00         8.00         9.00           1:00         CAP REL COSTS-BUDC & FIXT         2.00         6.00         7.00         8.00         9.00           1:00         CAP REL COSTS-MURD & FIXT         2.00         8.00         9.00         3.00           3:00         AUNT OPERATION & MAINTENANCE         0         0         0         8.00           5:00         PLANT OPERATION & MAINTENANCE         0         0         11.289         9.00           1:00         REMUNE & LINEN SERVICE         0         0         0         11.289         9.00           1:00         REMUNE & LINEN SERVICE         0         0         11.289         9.00         11.289         9.00           1:00         REMUNE & LINEN SERVICE         0         0         0         11.289         9.00         11.289         9.00         11.28				Hospi ce CCI	N: 15-1563	10 12/31/2022		
Cost Center Descriptions         PLANT OPERATION MAINTENANCE (SUARE FEET)         LAWINRY & LINER SERVICE (SUARE FEET)         DIETARY (SUARE FEET)         MURSING (SUARE FEET)           0         CEMERAL SERVICE COST CENTERS         5.00         6.00         7.00         8.00         9.00           1.00         CAP REL COSTS-BLDG & FIXT         5.00         6.00         7.00         8.00         9.00           2.00         CAP REL COSTS-MUBLE EQUIP         5.00         6.00         7.00         8.00         9.00           3.00         EMPLOYTE BENETIST DEPARTMENT         0         2.00         6.00         0         3.00           4.00         ADMIN STRATION         0         0         0         0.00         9.00         3.00           0.00         EMPLOYTE BENETIST DEPARTMENT         0         0         0.00         9.00         3.00           0.00         LAUNDRY & LINEN SERVICE         0         0         0         0.00         8.00         0         0.00         11.289         9.00         11.00           0.00         NURTER SERVICE COORDINATION         0         0         0         0         0.11.00         12.00         0         0         12.00         0         0.11.00         12.00         0.						Hospical	373072023 7.1	<u>5 pili</u>
Dependition & MAINTENAL         OPERATION & (NAINTENAL         CSUARE FEET)         CSUARE FEET)         CIN-FACILITY (DAYS)         AddMINISTRATION (DI RECT NURS.           1.00         CAP REL COSTS-RUBG & FIXT         5.00         6.00         7.00         8.00         9.00           2.00         CAP REL COSTS-RUBG & FIXT         1.00         1.00         8.00         9.00           3.00         EMPLOYTES BENEFITS DEPARTMENT         1.00         1.00         8.00         9.00           3.00         PLANT OPERATION & MAINTENANCE         0         0         4.00         3.00           0.00         PLANT OPERATION & MAINTENANCE         0         0         0         5.00         0         0.00         11.289         9.00           0.00         NURST MET ALS UPPLIES         0         0         0         0         11.289         9.00           1.100         MEDICAL RECORDS         0         0         0         11.289         9.00           1.200         SUPPLIES         0         0         0         11.289         9.00         11.289         9.00           1.200         SUPPLIES         0         0         0         11.20         11.20         11.20         11.20         11.00		Cost Center Descriptions	ρι ΔΝΤ	LAUNDRY &				
MAIN TENANCE (SURARE FEET)         (IN-FACILITY DAYS)         DAYS)         (I) RECT NURS. HES.)           1.00         CAP REL COSTS-BLDG & FLXT         -		COST CENTER DESCRIPTIONS						
COURCE TRUES.         DAYS         COURCE TRUES.           1.00         CAP REL COSTS-MUDG & FIXT         5.00         6.00         7.00         8.00         9.00           1.00         CAP REL COSTS-MUDG & FIXT         5.00         6.00         7.00         8.00         9.00           3.00         EMPL COSTS-MUDE & COULP								
END         A         A         A         A           CENERAL SERVICE COST CENTERS         5.00         6.00         7.00         8.00         9.00           1.00         CAP REL COSTS-MUBLE EQUIP				•		,	(DIRECT NURS.	
Store         5.00         6.00         7.00         8.00         9.00           1.00         CAP REL COSTS-BLIG & FLXT			( )					
1.00         CAP REL COSTS-BLIDG & FIXT         1.00           2.00         CAP REL COSTS-MELE COULP         2.00           3.00         EMPLOYEE BERNEF ITS DEPARTMENT         4.00           4.00         ADMIN ISTRATI VE & GENERAL         5.00           5.00         PLANT OPERATION & MAINTENANCE         0         0           6.00         LAUNDRY & LINEN SERVICE         0         0         7.00           7.00         HOUSEKEEPI NG         0         0         7.00           8.00         DI ETARY         0         0         0         7.00           9.00         RUSTING ADMIN ISTRATION         0         0         0         11.00           11.00         MEDI CAL RECORDS         0         0         0         11.00           12.00         STAFF TRANSPORTATION         0         0         0         11.00           13.00         VOLUNTECE SERVICE COORDINATION         0         0         0         13.00           13.00         OLUNTER SERVICE         0         0         0         14.00           15.00         PHERAL ALCARE SERVICES         0         0         0         15.00           10.01         OLAL RECORDE NATI NOUS HOME CARE         0			5.00	6.00	7.00	8.00	9.00	
2.00         CAP REL COSTS-MVBLE EQUIP         2.00           3.00         EMPLOYEE BREFITS DEPARTMENT         3.00           4.00         ADMI NI STRATI VE & GENERAL         4.00           5.00         PLANT OPERATION & MAINTENANCE         0         6.00           6.00         LAUNDRY & LINEN SERVICE         0         0         6.00           7.00         HOUSEKEEPING         0         0         7.00         6.00           9.00         NURSING ADMI NI STRATION         0         0         0         7.00           9.00         NURSING ADMI NI STRATION         0         0         0         11, 289         9.00           10.00         ROULINE MEDICAL SUPPLIES         0         0         0         11, 00		GENERAL SERVICE COST CENTERS						
3.00         EMPLOYEE BENEFITS DEPARTMENT         3.00           4.00         ADM IN STRATI VE & GENERAL         4.00           5.00         PLANT OPERATION & MAINTENANCE         0         5.00           6.00         LAUNDRY & LINEN SERVICE         0         0         6.00           7.00         HOSEKEEPI NG         0         0         0         6.00           8.00         DI ETARY         0         0         0         8.00           9.00         NURSING ADMINISTRATION         0         0         0         11.289         9.00           10.00         ROUTINE MEDI CAL SUPPLIES         0         0         0         11.00         10.00         11.00           12.00         STAFF TRANSPORTATION         0         0         0         11.00         12.00         11.00         12.00         13.00         13.00         12.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00	1.00	CAP REL COSTS-BLDG & FIXT						1.00
4.00         ADMI NI STRATI VE & GENERAL         4.00           5.00         PLANT OPERATION & MAINTENANCE         0         5.00           6.00         LAUNDRY & LINEN SERVICE         0         0         5.00           7.00         HOUSEKEEPING         0         0         7.00           9.00         NURSING ADMI NI STRATI ON         0         0         0         7.00           9.00         NURSING ADMI NI STRATI ON         0	2.00	CAP REL COSTS-MVBLE EQUIP						2.00
5.00         PLANT OPERATION & MAINTENANCE         0         5.00           6.00         LAUNDRY & LINEN SERVICE         0         0         6.00           7.00         HOUSEKEEPING         0         0         6.00         7.00           8.00         D IETARY         0         0         0         8.00         0         8.00         9.00         8.00         0         0         9.00         11.289         9.00         10.00         0         0         0         0         10.00         0         0         0         0         0         0         10.00         0         11.00         9.00         0	3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
6.00         LAUNDRY & LI NEN SERVICE         0         0         0         7.00           7.00         HOUSEKEEPI NG         0         0         0         7.00           9.00         NURSI NG ADMI NI STRATI ON         0         0         0         8.00           9.00         NURSI NG ADMI NI STRATI ON         0         0         0         8.00           10.00         ROUTI NE MEDI CAL SUPPLIES         0         0         0         11.00           12.00         STAFT TRANSPORTATI ON         0         0         0         12.00           13.00         VOLUNTEER SERVICE COORDI NATI ON         0         0         0         13.00           14.00         PHARMACY         0         0         0         14.00         15.00           15.00         PHYSICI AN ADMI NI STRATI VE SERVICES         0         0         0         15.00           16.00         OTHER GENERAL SERVICE         0         0         0         15.00         15.00           17.00         PARTIENT/AREJORITAL CARE SERVICES         0         0         0         15.00           10.00         HOSPI CE CONTI NUOUS HOME CARE         51.00         52.00         51.00         52.00         51.00	4.00	ADMINISTRATIVE & GENERAL						4.00
7.00         HOUSEKEEPI NG         0         7.00           8.00         DI ETARY         0         0         0         8.00           9.00         NURSI NG ADMINI STRATI ON         0         0         11,289         9.00           10.00         ROUTI NE MEDI CAL         SCORDS         0         0         11,00         9.00         11,289         9.00           11.00         MEDI CAL         SCORDS         0         0         0         11.00         10.00         11.00         10.00         11.00         12.00         13.00         12.00         13.00         0         0         14.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         15.00         17.00         17.00         17.00         17.00         17.00         51.00         51.00         0         0         0         17.289         53.00           51.00         HOSPICE CONTINUOUS HOME CARE         0         0         0         0         17.00         11.289         53.00           52.00         HOSPICE CONTI	5.00	PLANT OPERATION & MAINTENANCE	0					5.00
8.00         DI ETARY         0         0         0         8.00           9.00         NURSING ADMINISTRATION         0         0         11,289         9.00           10.00         ROUTINE MEDICAL SUPPLIES         0         0         0         11.00           11.00         MEDICAL RECORDS         0         0         0         0         11.00           12.00         STAFF TRANSPORTATION         0         0         0         12.00         13.00           12.00         STAFF TRANSPORTATION         0         0         0         13.00           14.00         PHASICIAN ADMINISTRATIVE SERVICES         0         0         0         14.00           PHYSICIAN ADMINISTRATIVE SERVICES         0         0         0         15.00         14.00           15.00         PHYSICIAN ADMINISTRATIVE SERVICES         0         0         0         15.00           16.00         OTHER GENERAL SERVICES         0         0         0         15.00           16.00         HOSPICE CONTINUOUS-HOME CARE         0         0         0         15.00           51.00         HOSPICE CONTINE HOME CARE         0         0         0         15.00           52.00	6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
9.00         NURSI NG ADMI NI STRATI ON         0         11.00         0         11.00         0         0         0         0         0         0         0         0         0         0         11.00         0         12.00         0         13.00         0         14.00         0         13.00         0         0         14.00         0         0         0         14.00         0<	7.00	HOUSEKEEPING	0			0		7.00
10.00         ROUTI NE MEDI CAL SUPPLIES         0         0         0         10.00           11.00         MEDI CAL RECORDS         0         0         0         0         11.00           12.00         STAFF TRANSPORTATI ON         0         0         0         0         12.00           13.00         VOLUNTEER SERVI CE COORDINATI ON         0         0         0         0         13.00           14.00         PHARMACY         0         0         0         0         14.00           15.00         PHYSI CI AN ADMI NI STRATI VE SERVI CES         0         0         0         15.00           16.00         OTHER GENERAL SERVI CE         0         0         0         16.00           17.00         PATI ENT/RESIDENTI AL CARE SERVI CES         0         0         17.00           16.00         HOSPI CE CONTI NUOUS HOME CARE         0         0         0         17.00           51.00         HOSPI CE CONTI NE HOME CARE         0         0         0         51.00           52.00         HOSPI CE CONTI NUOUS HOME CARE         0         0         0         52.00           51.00         HOSPI CE CONTI NE HOME CARE         0         0         0         52.00	8.00	DI ETARY	0			0 0		8.00
11.00         MEDI CAL RECORDS         0         0         0         11.00           12.00         STAFF TRANSPORTATI ON         0         0         0         12.00           13.00         VOLUNTEER SERVI CE COORDINATI ON         0         0         0         12.00           13.00         VOLUNTEER SERVI CE COORDINATI ON         0         0         0         14.00           15.00         PHARMACY         0         0         0         0         14.00           15.00         PARMACY         0         0         0         15.00         16.00           16.00         OTHER GENERAL SERVI CE         0         0         0         16.00           17.00         PATI ENT/RESI DENTI AL CARE SERVI CES         0         0         0         16.00           17.00         HOSPI CE ROUTI NE HOME CARE         0         0         0         50.00           51.00         HOSPI CE ROUTI NE HOME CARE         0         0         0         52.00           52.00         HOSPI CE ROUTI NE HOME CARE         0         0         0         52.00           60.00         BEREAVEMENT PROGRAM         0         0         0         61.00           61.00         VOL	9.00	NURSING ADMINISTRATION	0			0	11, 289	9.00
12.00       STAFF TRANSPORTATION       0       0       12.00         13.00       VOLUNTEER SERVICE COORDINATION       0       0       0       13.00         14.00       PHYSICIAN ADMINISTRATIVE SERVICES       0       0       0       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       0       0       0       16.00         16.00       OTHER GENERAL SERVICE       0       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       17.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       50.00         51.00       HOSPICE ROBAL INPATIENT RESPITE CARE       0       0       0       50.00         52.00       HOSPICE GENERAL INPATIENT CARE       0       0       0       52.00         NONREI MBURSABLE COST CENTERS       0       0       0       60.00       64.00         60.00       EREAVEMENT PROGRAM       0       0       64.00       64.00         61.00       FUNDRAI SI NG       0       0       0       64.00       64.00         62.00       FUNDRAI SI NG <td>10.00</td> <td>ROUTINE MEDICAL SUPPLIES</td> <td>0</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>10.00</td>	10.00	ROUTINE MEDICAL SUPPLIES	0			0	0	10.00
12.00       STAFF TRANSPORTATION       0       0       12.00         13.00       VOLUNTEER SERVICE COORDINATION       0       0       0       13.00         14.00       PHARMACY       0       0       0       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       0       0       0       14.00         16.00       OTHER GENERAL SERVICE       0       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       50.00         51.00       HOSPICE CONTINUE HOME CARE       0       0       0       52.00         52.00       HOSPICE CONTINUT READENT EXCRE       0       0       0       11.289         53.00       HOSPICE CONTINUT READENT EXCRE       0       0       0       60.00         60.00       EREAVEMENT PROGRAM       0       0       0       61.00         62.00       FUNDRAISING       0       0       0       64.00         63.00       HOSPICE CRORAM       0       0	11.00	MEDI CAL RECORDS	0			0	0	11.00
14.00       PHARMACY       0       0       0       14.00         15.00       PHYSI CI AN ADMI NI STRATI VE SERVI CES       0       0       0       15.00         16.00       OTHER GENERAL SERVI CE       0       0       0       16.00       0       0       16.00         17.00       PATI ENT/RESIDENTI AL CARE SERVI CES       0       0       0       16.00       17.00         LEVEL OF CARE       0       0       0       0       0       17.00         50.00       HOSPI CE CONTI NUOUS HOME CARE       0       0       0       51.00         52.00       HOSPI CE CONTI NUOUS HOME CARE       0       0       0       52.00         53.00       HOSPI CE CONTRAL INPATI ENT CARE       0       0       0       52.00         50.00       DESPI CE CONTRAL INPATI ENT CARE       0       0       0       60.00         60.00       BEREAVEMENT PROGRAM       0       0       0       61.00       61.00         61.00       VOLUNTEER PROGRAM       0       0       0       62.00       63.00       64.00         62.00       FUNDRALI SI NG       0       0       0       0       64.00       65.00         <	12.00		0			0	0	12.00
15.00       PHYSICIAN ADMINISTRATIVE SERVICES       0       0       0       15.00         16.00       OTHER GENERAL SERVICE       0       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       0       17.00         LEVEL OF CARE       0       0       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       51.00         52.00       HOSPICE ROUTINE HOME CARE       0       0       0       52.00         50.00       HOSPICE GENERAL INPATIENT RESPITE CARE       0       0       0       52.00         MORELIMBURSABLE COST CENTERS       0       0       0       0       11.289       53.00         MORELIMBURSABLE COST CENTERS       0       0       0       0       61.00       62.00         60.00       BEREAVEMENT PROGRAM       0       0       0       62.00       63.00       64.00       63.00         61.00       VOLUNTEER PROGRAM       0       0       0       64.00       65.00       64.00       64.00       65.00         63.00       HOSPICE SEI DENTIAL CARE       0       0       0       65.00       65.00	13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
16.00       OTHER GENERAL SERVICE       0       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       0       17.00         LEVEL OF CARE       0       0       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       51.00         52.00       HOSPICE ROUTINE HOME CARE       0       0       0       52.00         53.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       52.00         NONREI MBURSABLE COST CENTERS       0       0       0       0       11.289       53.00         60.00       BEREAVEMENT PROGRAM       0       0       0       0       60.00       61.00<	14.00	PHARMACY	0			0	0	14.00
16.00       OTHER GENERAL SERVICE       0       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       0       17.00         LEVEL OF CARE       0       0       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       51.00         51.00       HOSPICE ROUTINE HOME CARE       0       0       0       52.00         52.00       HOSPICE CONTINUOUS HOME CARE       0       0       0       52.00         NONREI MBURSABLE COST CENTERS       0       0       0       0       11.289       53.00         60.00       BEREAVEMENT PROGRAM       0       0       0       0       61.00       61.00         61.00       VOLUNTER PROGRAM       0       0       0       61.00       62.00         63.00       HOSPICE CPALLIATIVE MEDICINE FELLOWS       0       0       63.00       63.00       63.00         64.00       PALLIATIVE CARE PROGRAM       0       0       0       64.00       64.00         65.00       OTHER PHYSICIAN SERVICES       0       0       0       64.00       64.00         65.00       O       0	15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
Initial of an analysis       Initial of an analysis       Initial of an analysis       Initial of an analysis         50.00       HOSPICE CONTINUOUS HOME CARE       0       50.00       51.00         52.00       HOSPICE CONTINUE HOME CARE       0       0       0       51.00         52.00       HOSPICE INPATIENT RESPITE CARE       0       0       0       0       52.00         60.00       BEREAVEMENT PROGRAM       0       0       0       0       53.00         NONREE IMBURSABLE COST CENTERS       0       0       0       0       61.00         60.00       BEREAVEMENT PROGRAM       0       0       0       61.00         61.00       VOLUNTEER PROGRAM       0       0       61.00       62.00         62.00       FUNDRAI SI NG       0       0       0       62.00         63.00       HOSPI CE /PALLI ATI VE MEDI CI NE FELLOWS       0       0       63.00         64.00       PALLI ATI VE CARE PROGRAM       0       0       64.00       64.00         65.00       OTHER PHYSI CI AN SERVI CES       0       0       0       66.00         66.00       RESI DENTI AL CARE       0       0       0       66.00       67.00      <	16.00	OTHER GENERAL SERVICE	0			0	0	16.00
LEVEL OF CARE         0         0         0         50. 00         HOSPI CE CONTI NUOUS HOME CARE         0         50. 00         51. 00         0         51. 00         0         51. 00         0         51. 00         0         51. 00         0         51. 00         0         51. 00         0         0         51. 00         0         51. 00         0         0         0         0         51. 00         0         51. 00         0         0         0         0         0         0         51. 00         0         51. 00         0         0         0         0         51. 00         0         51. 00         <	17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0		17.00
51.00       HOSPI CE ROUTI NE HOME CARE       0       0       0       0       51.00         52.00       HOSPI CE INPATI ENT RESPI TE CARE       0       0       0       0       11.289       53.00         53.00       HOSPI CE GENERAL INPATI ENT CARE       0       0       0       11.289       53.00         NONREI MBURSABLE COST CENTERS         60.00       BEREAVEMENT PROGRAM       0       0       0       60.00         61.00       VOLUNTEER PROGRAM       0       0       0       61.00         62.00       FUNDRAI SI NG       0       0       0       62.00         63.00       FUNDRAI SI NG       0       0       0       63.00         64.00       PALLI ATI VE MEDI CI NE FELLOWS       0       0       63.00         64.00       PALLI ATI VE CARE PROGRAM       0       0       63.00         65.00       OTHER PHYSI CI AN SERVI CES       0       0       0       64.00         65.00       OTHER PHYSI CI AN SERVI CES       0       0       0       65.00         68.00       TELEHEALTH/TELEMONI TORI NG       0       0       0       67.00         69.00       THRI FT STORE       0       0			,					
52.00       HOSPI CE I NPATI ENT RESPITE CARE       0       0       0       0       11, 289       53.00         NONREI MBURSABLE COST CENTERS         NONREI MBURSABLE COST CENTERS         0	50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
53.00         HOSPICE GENERAL INPATIENT CARE         0         0         0         11,289         53.00           NONREIMBURSABLE COST CENTERS	51.00	HOSPICE ROUTINE HOME CARE					0	51.00
NONREI MBURSABLE COST CENTERS           60.00         BEREAVEMENT PROGRAM         0         0         0         60.00           61.00         VOLUNTEER PROGRAM         0         0         0         61.00           62.00         FUNDRAI SI NG         0         0         0         62.00           63.00         HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS         0         0         0         63.00           64.00         PALLI ATI VE CARE PROGRAM         0         0         0         63.00           65.00         OTHER PHYSI CI AN SERVI CES         0         0         0         65.00           66.00         RESI DENTI AL CARE         0         0         0         0         65.00           66.00         RESI DENTI AL CARE         0         0         0         0         65.00           66.00         RESI DENTI AL CARE         0         0         0         67.00         68.00           67.00         ADVERTI SI NG         0         0         0         0         68.00           69.00         TELEHEALTH/TELEMONI TORI NG         0         0         0         69.00         70.00           70.00         NURSI NG FACI LI TY ROOM & BOARD         0	52.00	HOSPICE INPATIENT RESPITE CARE	0	0	)	0 0	0	52.00
60.00       BEREAVEMENT PROGRAM       0 <td>53.00</td> <td>HOSPICE GENERAL INPATIENT CARE</td> <td>0</td> <td>0</td> <td>)</td> <td>0 0</td> <td>11, 289</td> <td>53.00</td>	53.00	HOSPICE GENERAL INPATIENT CARE	0	0	)	0 0	11, 289	53.00
61.00       VOLUNTEER PROGRAM       0       0       61.00         62.00       FUNDRAISING       0       0       0       62.00         63.00       HOSPICE/PALLIATIVE MEDICINE FELLOWS       0       0       0       63.00         64.00       PALLIATIVE CARE PROGRAM       0       0       0       64.00         65.00       OTHER PHYSICIAN SERVICES       0       0       0       65.00         66.00       RESIDENTIAL CARE       0       0       0       0       66.00         67.00       ADVERTISING       0       0       0       0       66.00         67.00       ADVERTISING       0       0       0       67.00       68.00         67.00       ADVERTISING       0       0       0       0       69.00         68.00       TELEHEALTH/TELEMONITORING       0       0       0       69.00         69.00       THRIFT STORE       0       0       0       0       70.00         70.00       NURESING FACILITY ROOM & BOARD       70.00       71.00       71.00       71.00       71.00       71.00       99.00         100.00       COST TO BE ALLOCATED (per Wkst. 0-6, Part 1)       0       0		NONREIMBURSABLE COST CENTERS						
62:00       FUNDRAISING       0       0       62:00         63:00       HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS       0       0       0       63:00         64:00       PALLI ATI VE CARE PROGRAM       0       0       0       64:00       64:00         65:00       OTHER PHYSI CI AN SERVI CES       0       0       0       65:00       66:00         66:00       RESI DENTI AL CARE       0       0       0       0       66:00         67:00       ADVERTI SI NG       0       0       0       67:00       66:00         67:00       ADVERTI SI NG       0       0       0       67:00       68:00         69:00       THELEHEALTH/TELEMONI TORI NG       0       0       0       68:00         69:00       THRI FT STORE       0       0       0       69:00       70:00         70:00       NURSI NG FACILI TY ROOM & BOARD       70:00       0       0       0       70:00       70:00         71:00       OTHER NONREI IMBURSABLE (SPECI FY)       0       0       0       0       1, 301, 522       100:00         99:00       100:00       COST TO BE ALLOCATED (per Wkst. 0-6, Part I )       0       0       0       1, 301,	60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
63.00       HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS       0       0       63.00         64.00       PALLI ATI VE CARE PROGRAM       0       0       0       64.00         65.00       OTHER PHYSI CI AN SERVI CES       0       0       0       65.00         66.00       RESI DENTI AL CARE       0       0       0       0       65.00         66.00       RESI DENTI AL CARE       0       0       0       0       66.00         67.00       ADVERTI SI NG       0       0       0       67.00       68.00         69.00       TELEHEALTH/TELEMONI TORI NG       0       0       0       68.00       69.00         70.00       NURSI NG FACI LI TY ROOM & BOARD       0       0       0       70.00       70.00         71.00       OTHER NONREI MBURSABLE (SPECI FY)       0       0       0       0       71.00         99.00       NEGATI VE COST CENTER       0       0       0       0       1, 301, 522       100.00	61.00	VOLUNTEER PROGRAM	0			0	0	61.00
64.00       PALLIATIVE CARE PROGRAM       0       0       64.00         65.00       OTHER PHYSICIAN SERVICES       0       0       0       65.00         66.00       RESIDENTIAL CARE       0       0       0       0       66.00         67.00       ADVERTISING       0       0       0       0       67.00         68.00       TELEHEALTH/TELEMONITORING       0       0       68.00       68.00         69.00       THRIFT STORE       0       0       69.00       69.00         70.00       NURSING FACILITY ROOM & BOARD       0       0       0       70.00         71.00       OTHER NONREI (BURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       0       1, 301, 522       100.00	62.00	FUNDRAI SI NG	0			0	0	62.00
65.00       OTHER PHYSICIAN SERVICES       0       0       0       65.00         66.00       RESIDENTIAL CARE       0       0       0       0       66.00         67.00       ADVERTISING       0       0       0       0       67.00         68.00       TELEHEALTH/TELEMONITORING       0       0       0       68.00         69.00       THRIFT STORE       0       0       69.00       69.00         70.00       NURSING FACILITY ROOM & BOARD       0       0       0       70.00         71.00       OTHER NONREI MBURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       0       1, 301, 522       100.00	63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
66.00       RESIDENTIAL CARE       0       0       0       0       66.00         67.00       ADVERTISING       0       0       0       0       67.00         68.00       TELEHEALTH/TELEMONITORING       0       0       0       68.00         69.00       THRIFT STORE       0       0       0       69.00         70.00       NURSING FACILITY ROOM & BOARD       0       0       0       70.00         71.00       OTHER NONREIMBURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       1, 301, 522       100.00         100.00       COST TO BE ALLOCATED (per Wkst. 0-6, Part I)       0       0       0       0       1, 301, 522       100.00	64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
67.00       ADVERTISING       0       0       67.00       67.00         68.00       TELEHEALTH/TELEMONITORING       0       0       0       68.00         69.00       THEIFT STORE       0       0       0       69.00         70.00       NURSING FACILITY ROOM & BOARD       0       0       0       69.00         71.00       OTHER NONREIMBURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       1,301,522       100.00	65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
68.00       TELEHEALTH/TELEMONITORING       0       0       68.00         69.00       THRIFT STORE       0       0       69.00         70.00       NURSING FACILITY ROOM & BOARD       0       0       70.00         71.00       OTHER NONREIMBURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       0       1, 301, 522       100.00	66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
69.00       THRIFT STORE       0       0       69.00         70.00       NURSING FACILITY ROOM & BOARD       70.00       70.00         71.00       OTHER NONREIMBURSABLE (SPECIFY)       0       0       0       0       71.00         99.00       NEGATIVE COST CENTER       0       0       0       0       1, 301, 522       100.00	67.00	ADVERTI SI NG	0			0	0	67.00
70.00         NURSING FACILITY ROOM & BOARD         70.00           71.00         OTHER NONREIMBURSABLE (SPECIFY)         0         0         0         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         71.00         70.00         71.00         71.00         71.00         71.00         79.00         71.00         79.00         71.00         70.00         71.00         70.00         71.00         79.00         70.00         71.00         79.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00         71.00         70.00	68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
71.00         OTHER NONREIMBURSABLE (SPECIFY)         0         0         0         0         71.00         71.00         71.00         99.00         71.00         99.00         99.00         99.00         99.00         99.00         90.00	69.00	THRI FT STORE	0			0	0	69.00
99.00         NEGATI VE COST CENTER         99.00           100.00         COST TO BE ALLOCATED (per Wkst. 0-6, Part I)         0         0         0         1, 301, 522         100.00	70.00	NURSING FACILITY ROOM & BOARD						70.00
100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I) 0 0 0 1,301,522 100.00	71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	)	0 0	0	71.00
	99.00	NEGATIVE COST CENTER						99.00
101.00 UNIT COST MULTIPLIER         0.000000          0.000000          0.000000          115.291168         101.00	100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0		0 0	1, 301, 522	100. 00
	101.00	UNIT COST MULTIPLIER	0. 000000	0. 000000	0.0000	0. 000000	115. 291168	101.00

	Financial Systems LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE		TH LAFAYETTE Provi der C	CN: 15-0109	Peri od:	u of Form CMS- Worksheet 0-6	
	TICAL BASIS		Hospi ce CC		From 01/01/2022 To 12/31/2022	Part II Date/Time Pre 5/30/2023 7:1	pared:
					Hospi ce I		
	Cost Center Descriptions	ROUTI NE MEDI CAL SUPPLI ES (PATI ENT DAYS)	MEDI CAL RECORDS (PATI ENT DAYS)	STAFF TRANSPORTATI (MI LEAGE)	VOLUNTEER ON SERVI CE COORDI NATI ON (HOURS OF SERVI CE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSI NG ADMI NI STRATI ON						9.00
10.00	ROUTINE MEDICAL SUPPLIES	37, 838					10.00
11.00	MEDI CAL RECORDS	0,,000	37, 838				11.00
12.00	STAFF TRANSPORTATION				0		12.00
13.00	VOLUNTEER SERVICE COORDINATION				0 37,838		13.00
14.00	PHARMACY				0 0	37, 838	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0 0	0	
16.00	OTHER GENERAL SERVICE				0 0	0	
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES						17.00
	LEVEL OF CARE			•			
50.00	HOSPICE CONTINUOUS HOME CARE	0	C		0 0	0	1 50. 00
51.00	HOSPICE ROUTINE HOME CARE	37, 786	37, 786		0 37, 786	37, 786	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	47	47		0 47	47	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	5	5		0 5	5	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM				0 0	0	60.00
61.00	VOLUNTEER PROGRAM				0 0	0	61.00
62.00	FUNDRAI SI NG				0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0 0	0	65.00
66.00	RESI DENTI AL CARE				0 0	0	66.00
67.00	ADVERTI SI NG				0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG				0 0	0	
69.00	THRI FT STORE				0 0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0 0	0	
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	31, 301	285, 063		0 87, 288		100.00
	UNIT COST MULTIPLIER	0. 827237	7.533776	0.0000	2. 306887	0.000000	

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS STATISTICAL BASIS         Provider CCN: 15-0109 Hospice CCN: 15-1563         Period: From 01/01/2022 To 12/31/2022         Period: Part II Statristical Base/Time Prepared: 5/30/2023 7:13 mm           Cost Center Descriptions         PHYSICIAN ADMIN STRATIVE (PATIENT AL SERVICES (PATIENT AL COST CENTERS         OTHER GENERAL SERVICES (SPECIFY BASIS)         PATIENT/ RESIDENTIAL COST CENTERS         PATIENT/ RESIDENTIAL COST CENTERS         1.00 0.00           0         CAP REL COSTS-BLOG & FIXT 0.00         FIXT 0.00         16.00         17.00           0         CAP REL COSTS-MUBLE EQUIP 0.00         16.00         17.00         1.00 0.00           1.00         CAP REL COSTS-MUBLE EQUIP 0.00         1.00         1.00 0.00         1.00 0.00         0.00           0.00         LANIN STRATIVE A CENTERS         1.00 0.00         1.00 0.00         1.00 0.00         1.00 0.00         1.00 0.00           1.00         CAP REL COSTS-MUBLE EQUIP 0.00         1.00         1.00         1.00 0.00         1.00           1.00         CAP REL COSTS-MUBLE EQUIP 0.00         1.00         1.00         1.00         1.00           1.00         CAP REL COSTS-MUBLE EQUIP 0.00         1.00         1.00         1.00         1.00           1.00         CAP REL COSTS-MUBLE EQUIP 0.00         1.00         1.00
Bit of the basis         Hospice CON:         15-1563         To         12/31/2022         Date/Time Prepared: 5/30/2023 7: 13 pm           Cost Center Descriptions         PHYSICIAN ADMINISTRATIVE (PATIENT/RESIDENTIAL Center Descriptions)         OTHER CENERAL (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (PATIENT/RESIDENTIAL CARE SERVICE (IN-FACILITY DAYS)         1.00           00         CAP REL COSTS-BUDG & FIXT (IN-FACILITY DAYS)         1.00         1.00           100         DAYS         IN-FACILITY DAYS         1.00           100         CAP REL COSTS-BUDG & FIXT (IN-FACILITY DAYS)         1.00         1.00           100         CAP REL COSTS-BUDG & FIXT (IN-FACILITY DAYS)         1.00         1.00
Cost Center Descriptions         PHYSICIAN ADMINISTRATIVE SERVICES (SPECIFY BASIS)         OTHER GENERAL SERVICE (SPECIFY BASIS)         PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)         PATIENT (IN-FACILITY DAYS)           10.00         CAP REL COSTS-BLDG & FIXT         15.00         16.00         17.00           2.00         CAP REL COSTS-MUBLE EQUIP         0         10.00         2.00         10.00         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         0         0         0.00         2.00         0.00         10.00         2.00         0.00
Cost Center Descriptions         PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)         OTHER GENERAL SERVICES (SPECIPY BASIS)         PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)           1.00         CAP REL COSTS-BLOC & FIXT         1.00         1.00         1.00           2.00         CAP REL COSTS-BUDG & FIXT         1.00         1.00         1.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         4.00         1.00         3.00           4.00         ADMINISTRATIVE & GENERAL         5.00         1.00         3.00           6.00         LANT OPERATION & MAINTENANCE         4.00         5.00         4.00         5.00         6.00         17.00         4.00         5.00         6.00         10.00         8.00         9.00         10.00         8.00         10.00         8.00         10.00 </td
ADMI NI STRATI VE SERVI CE (PATI ENT DAYS)         SERVI CE (SPECI PC BASI S)         RESI DENTI AL CARE SERVI CES (IN-FACI LI TY DAYS)         RESI DENTI AL CARE SERVI CE (IN-FACI LI TY DAYS)           1.00         CAP REL COSTS - BLDG & FI XT
SERVICES (PATIENT DAYS)         CARE SERVICES (BASIS)         CARE SERVICES (IN-FACILITY DAYS)           15.00         15.00         16.00         17.00           0         CAP REL COSTS-BLDG & FLXT         1.00         1.00           2.00         CAP REL COSTS-MUBLE COULP         1.00         1.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         1.00         2.00           4.00         ADMIN NI STRATIVE & GENERAL         1.00         3.00           5.00         PLANT OPERATION & MAIN INTENANCE         1.00         4.00           6.00         LAUNDRY & LINEN SERVICE         0.00         6.00           7.00         HOUSEKEEPING         1.00         8.00           9.00         NURSI INS ADMIN IN STRATI ON         8.00         9.00           10.00         ROUTI NE MEDI CAL SERVICE         1.00         9.00           11.00         MEDI CAL RECORDS         10.00         10.00           11.
CATIENT DAYS         BASIS         (IN-FACILITY DAYS)           00         CAP REL COSTS-ENDG & FIXT         15.00         16.00         17.00           2.00         CAP REL COSTS-MUBLE EQUIP         2.00         3.00         EMENOSTS-MUBLE EQUIP         2.00           3.00         EMENOSTS-MUBLE EDUIP         3.00         FINIT         2.00         3.00           0.00         CAP REL COSTS-MUBLE EQUIP         3.00         3.00         EMENOSTS-MUBLE EQUIP         2.00           3.00         EMENOSTS-MUBLE EDENERITS         4.00         ADMINISTRATIVE & GENERAL         3.00           5.00         PLANT OPERATION & MAINTENANCE         5.00         6.00         6.00           6.00         LAUNDRY & LINEN SERVICE         6.00         6.00         7.00           7.00         HOUSEKEEPING         8.00         7.00         8.00         0.00         7.00           8.00         DI ETARY         9.00         NURSING ADMINISTRATION         9.00         9.00         10.00         9.00         10.00         9.00         10.00         9.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.
Is. 00         16. 00         17. 00           GENERAL SERVICE COST CENTERS         1.00         CAP REL COSTS-BLDG & FIXT         1.00           2.00         CAP REL COSTS-MUBLE EQUIP         2.00         3.00         EMPLOYCE BENEFITS DEPARTMENT         2.00           3.00         EMPLOYCE BENEFITS DEPARTMENT         4.00         ADMI NI STRATI VE & GENERAL         5.00           6.00         LAUNDRY & LINEN SERVICE         6.00         6.00         6.00           7.00         HOUSEKEEPI NG         8.00         0         FARY         8.00           9.00         NURSI NG ADM IN ISTRATI ON         8.00         9.00         0.00         10.00         8.00         11.00         8.00         11.00         8.00         11.00         8.00         11.00         8.00         11.00         12.00         13.00         11.00
GENERAL SERVICE COST CENTERS         1.00         CAP REL COSTS-BLOG & FIXT         1.00           1.00         CAP REL COSTSMUBLE EQUIP         2.00         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         3.00           4.00         ADMINISTRATIVE & GENERAL         5.00           5.00         PLANT OPERATION & MAINTENANCE         5.00           6.00         LAUNDRY & LINEN SERVICE         5.00           7.00         HOUSEKEEPING         7.00           8.00         DIETARY         8.00           9.00         NURSING ADMINISTRATION         9.00           10.00         ROUTINE MEDICAL SUPPLIES         10.00           11.00         MEDICAL RECORDS         11.00           12.00         STAFF TRANSPORTATION         12.00           13.00         VOLUNTERE SERVICE         37,838           16.00         OTHER GENERAL SERVICE         0           17.00         PATIENT/RESIDENTIAL CARE SERVICES         37,838           10.00         OUTHER GENERAL SERVICE         0           17.00         PATIENT/RESIDENTIAL CARE         0           17.00         PATIENT/RESIDENTIAL CARE         37,786           10.00         NOSPICE CONTINUOUS HOME CARE         37,786
1.00       CAP REL COSTS-BLDG & FIXT       1.00         2.00       CAP REL COSTS-BLDG & FIXT       2.00         3.00       EMPLOYCE BENEFITS DEPARTMENT       3.00         4.00       ADMI NI STRATI VE & GENERAL       4.00         5.00       PLANT OPERATION & MAI INTENANCE       5.00         6.00       LAUNDRY & LINEN SERVI CE       6.00         7.00       HOUSEKEEPI NG       8.00         8.00       DI ETARY       9.00         9.00       NURSI NG ADMI NI STRATI ON       9.00         10.00       ROUTI NE MEDI CAL SUPPLI ES       0         11.00       MEDI CAL RECORDS       10.00         12.00       STAFF TRANSPORTATI ON       12.00         13.00       VOLUNTEER SERVI CE COORDI NATI ON       12.00         15.00       PHYSI CI AN ADMI NI STRATI VE SERVI CES       37, 838         16.00       OTHER GENERAL SERVI CE       0         17.00       PATI ENT RESI DENTI AL CARE       0       0         17.00       PATI ENT RESI DENTI AL CARE       37, 786       0         17.00       DSPI CE CONTI NUOUS HOME CARE       0       0       51.00         15.00       HOSPI CE CONTI NUOUS HOME CARE       37, 786       0       0       51.00
2.00       CAP REL COSTS-MVBLE EQUIP       2.00         3.00       EMPLOYEE BENEFITS DEPARTMENT       3.00         4.00       ADMIN IN STRATI VE & GENERAL       4.00         5.00       PLANT OPERATI ON & MAINTENANCE       5.00         6.00       LAUNDRY & LINEN SERVICE       5.00         7.00       HOUSSEKEEPING       6.00         8.00       DI ETARY       8.00         9.00       NURSI NG ADMIN ISTRATI ON       8.00         10.00       ROUTI NE MEDI CAL SUPPLIES       10.00         11.00       MEDI CAL RECORDS       11.00         12.00       STAFF TRANSPORTATI ON       12.00         13.00       VOLUNTEER SERVICE COORDI NATI ON       12.00         13.00       VOLUNTEER SERVICE       0         16.00       OTHER GENERAL SERVICES       37,838         16.00       OTHER GENERAL SERVICES       0         17.00       PATIENT/RESI DENTIAL CARE SERVICES       0         50.00       HOSPICE CONTI NUOUS HOME CARE       0       0         51.00       HOSPICE ROUTI NE HOME CARE       37,786       0       16.00         52.00       HOSPICE ROUTI NE HOME CARE       5       0       52.00       53.00         53.00
3.00       EMPLOYEE BENEFITS DEPARTMENT       3.00         4.00       ADMI NI STRATI VE & GENERAL       4.00         5.00       PLANT OPERATI ON & MAI NTENANCE       5.00         6.00       LAUNDRY & LINEN SERVI CE       5.00         7.00       HOUSEKEEPI NG       7.00         8.00       DI ETARY       8.00         9.00       NURSI NG ADMI NI STRATI ON       8.00         10.00       ROUTI NE MEDI CAL SUPPLIES       10.00         11.00       MEDI CAL RECORDS       11.00         12.00       STAFF TRANSPORTATI ON       12.00         13.00       VOLUNTEER SERVI CE COORDI NATI ON       13.00         14.00       PHARMACY       14.00         9.01       OTHER GENERAL SERVI CE SERVI CES       37, 838         17.00       PATI ENT/RESI DENTIAL CARE       37, 786         0       O       50.00         15.00       HOSPI CE CONTI NUOUS HOME CARE       6         50.00       HOSPI CE CONTI NUOUS HOME CARE       5       0         51.00       HOSPI CE RONTI AL CARE SERVI CES       37, 786       0       52.00         52.00       HOSPI CE RONTI NUOS HOME CARE       5       0       52.00         53.00       HOSPI CE GENERAL INPAT
4.00       ADMINISTRATIVE & GENERAL       4.00         5.00       PLANT OPERATION & MAINTENANCE       5.00         6.00       LAUNDRY & LINEN SERVICE       6.00         7.00       HOUSEKEEPING       7.00         8.00       DIETARY       8.00         9.00       NURSING ADMINISTRATION       8.00         9.00       NURSING ADMINISTRATION       9.00         11.00       MEDICAL SUPPLIES       10.00         11.00       STAFF TRANSPORTATION       10.00         12.00       STAFF TRANSPORTATION       11.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       13.00         14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       OTHER GENERAL SERVICE       0         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0         10.00       HOSPICE CONTINUOUS HOME CARE       0       0         52.00       HOSPICE RONTIN RESPITE CARE       37,786       0       51.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       53.00         60.00       BEREAVEMENT PROGRAM
5.00       PLANT OPERATI ON & MAINTENANCE       5.00         6.00       LAUNDRY & LINEN SERVICE       6.00         7.00       HOUSEKEEPING       7.00         8.00       DIETARY       7.00         9.00       NURSING ADMINISTRATION       9.00         10.00       ROUTINE MEDICAL SUPPLIES       10.00         11.00       MEDICAL RECORDS       11.00         12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         14.00       PHARMACY       13.00         15.00       PHARKACY       14.00         15.00       OTHER GENERAL SERVICES       37, 838         16.00       OTHER GENERAL SERVICES       0         17.00       PATI ENT/RESIDENTIAL CARE SERVICES       0         50.00       HOSPICE CONTI NUOUS HOME CARE       0         51.00       HOSPICE CONTI NUOUS HOME CARE       50.00         52.00       HOSPICE GENERAL INPATIENT CARE       50.00         52.00       HOSPICE GENERAL INPATIENT CARE       50.00         52.00       HOSPICE COST CENTERS       50.00         60.00       BERAVEMENT PROGRAM       0       53.00         NONREEI MEURSABLE COST CENTERS <td< td=""></td<>
6.00       LAUNDRY & LINEN SERVICE       6.00         7.00       HOUSEKEEPING       7.00         8.00       DI ETARY       8.00         9.00       NURSING ADMINISTRATION       8.00         10.00       ROUTINE MEDICAL SUPPLIES       10.00         11.00       MEDICAL RECORDS       11.00         12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       O HARE GENERAL SERVICE       0         17.00       PATI ENT/RESI DENTIAL CARE SERVICES       0         17.00       PATI ENT/RESI DENTIAL CARE       0         17.00       HOSPICE CONTINUOUS HOME CARE       0       0         10.00       INSPICE INPATI ENT RESPITE CARE       5.00       0         10.00       HOSPICE CONTINUOUS HOME CARE       51.00       51.00       52.00         10.01       HOSPICE CONTINUOUS HOME CARE       51.00       51.00       52.00       53.00         10.02       MORELMBURSABLE COST CENTERS       51.00       0       52.00       53.00         0       0       0
7.00       HOUSEKEEPING       7.00         8.00       DI ETARY       8.00         9.00       NURSING ADMINISTRATION       9.00         10.00       ROUTINE MEDICAL SUPPLIES       10.00         11.00       MEDICAL RECORDS       11.00         12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         14.00       PHARMACY       13.00         15.00       PHYSI CI AN ADMINISTRATIVE SERVICES       37,838         16.00       OTHER GENERAL SERVICE       0         17.00       PATI ENT/RESIDENTIAL CARE SERVICES       37,7838         50.00       HOSPI CE CONTINUOUS HOME CARE       0         50.00       HOSPI CE ROUTINE HOME CARE       0       0         51.00       HOSPI CE ROUTINE HOME CARE       0       0         51.00       HOSPI CE RONTI NUOUS HOME CARE       5       0       52.00         52.00       HOSPI CE RONTI NUOUS HOME CARE       5       0       52.00         52.00       HOSPI CE RONTI NUOUS HOME CARE       5       0       52.00         52.00       HOSPI CE RONTI NUOUS HOME CARE       5       0       52.00         53.00       HOSPI CE RONT PROGRAM
8.00       DI ETARY       8.00         9.00       NURSI NG ADMI NI STRATI ON       9.00         10.00       ROUTI NE MEDI CAL SUPPLI ES       10.00         11.00       MEDI CAL RECORDS       10.00         12.00       STAFF TRANSPORTATI ON       11.00         13.00       VOLUNTEER SERVI CE COORDI NATI ON       12.00         13.00       VOLUNTEER SERVI CE COORDI NATI ON       13.00         14.00       PHARMACY       14.00         15.00       PHYSI CI AN ADMI NI STRATI VE SERVI CES       37, 838         16.00       OTHER GENERAL SERVI CE       0         17.00       PATI ENT/RESI DENTI AL CARE SERVI CES       37, 7838         50.00       HOSPI CE CONTI NUOUS HOME CARE       0       0         51.00       HOSPI CE ROUTI NE HOME CARE       37, 786       0         52.00       HOSPI CE ROUTI NE HOME CARE       37, 786       0         63.00       HOSPI CE ROUTI NE HOME CARE       5       0       52.00         NONREI MBURSABLE COST CENTERS       5       0       0       53.00         NONREI MBURSABLE COST CENTERS       0       0       53.00       60.00         61.00       VOLUNTEER PROGRAM       0       0       61.00       61.00
9.00       NURSING ADMINISTRATION       9.00         10.00       ROUTINE MEDICAL SUPPLIES       10.00         11.00       MEDICAL RECORDS       11.00         12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       OTHER GENERAL SERVICE       0         17.00       PATIENT/RESIDENTIAL CARE       0         17.00       PATIENT/RESIDENTIAL CARE       0         16.00       OTHER GENERAL SERVICES       37,838         50.00       HOSPICE CONTINUOUS HOME CARE       0         50.00       HOSPICE CONTINUOUS HOME CARE       0         51.00       HOSPICE ROUTINE HOME CARE       37,786       0         52.00       HOSPICE INPATIENT RESPITE CARE       47       0       51.00         52.00       HOSPICE GENERAL INPATIENT CARE       5       0       52.00         60.00       BEREAVEMENT PROGRAM       0       60.00       60.00         61.00       VOLUNTEER PROGRAM       0       60.00       61.00
10.00       ROUTINE MEDICAL SUPPLIES       10.00         11.00       MEDICAL RECORDS       11.00         12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       12.00         14.00       PHARMACY       13.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       O       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0         17.00       PATIENT/RESIDENTIAL CARE       0         10.00       0       0       17.00         10.00       HOSPICE CONTINUOUS HOME CARE       0       0         10.00       HOSPICE ROUTINE HOME CARE       37,786       0         10.00       HOSPICE INPATIENT RESPITE CARE       47       0       0         10.00       HOSPICE GENERAL INPATIENT CARE       50.00       53.00       53.00         10.00       NONREIMBURSABLE COST CENTERS       0       0       53.00         10.00       BEREAVEMENT PROGRAM       0       0       60.00         11.00       VOLUNTEER PROGRAM       0       0       61.00
11.00       MEDI CAL RECORDS       11.00         12.00       STAFF TRANSPORTATI ON       12.00         13.00       VOLUNTEER SERVI CE COORDI NATI ON       13.00         14.00       PHARMACY       14.00         15.00       PHYSI CI AN ADMI NI STRATI VE SERVI CES       37,838         16.00       OTHER GENERAL SERVI CE       0         17.00       PATI ENT/RESI DENTI AL CARE SERVI CES       0         17.00       PATI ENT/RESI DENTI AL CARE SERVI CES       0         17.00       PATI ENT/RESI DENTI AL CARE       0       0         17.00       PATI ENT/RESI DENTI AL CARE       0       0         17.00       DASPI CE CONTI NUOUS HOME CARE       0       0         50.00       HOSPI CE CONTI NUOUS HOME CARE       0       0         51.00       HOSPI CE CONTI NUOUS HOME CARE       37,786       0         52.00       HOSPI CE GENERAL INPATI ENT CARE       5       0       52.00         53.00       HOSPI CE GENERAL INPATI ENT CARE       5       0       52.00         50.00       BEREAVEMENT PROGRAM       0       60.00       61.00         60.00       BEREAVEMENT PROGRAM       0       60.00       61.00
12.00       STAFF TRANSPORTATION       12.00         13.00       VOLUNTEER SERVICE COORDINATION       13.00         14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       OTHER GENERAL SERVICE       0         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0         16.00       OHSPICE CONTINUOUS HOME CARE       0         17.00       LEVEL OF CARE       0       0         50.00       HOSPICE CONTINUOUS HOME CARE       0       0         51.00       HOSPICE CONTINUE HOME CARE       37,786       0         52.00       HOSPICE GENERAL INPATIENT CARE       5       0       0         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       52.00         50.00       BEREAVEMENT PROGRAM       0       60.00       61.00
13.00       VOLUNTEER SERVICE COORDINATION       13.00         14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838       15.00         16.00       OHER GENERAL SERVICE       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0       16.00         17.00       HOSPICE CONTINUOUS HOME CARE       0       0       50.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       50.00         51.00       HOSPICE CONTINUOUS HOME CARE       37,786       0       51.00         52.00       HOSPICE GENERAL INPATIENT RESPITE CARE       47       0       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0       52.00       52.00         60.00       BEREAVEMENT PROGRAM       0       0       60.00       60.00       60.00         61.00       VOLUNTEER PROGRAM       0       0       60.00       61.00       61.00
14.00       PHARMACY       14.00         15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838         16.00       OTHER GENERAL SERVICE       0         17.00       PATI ENT/RESIDENTIAL CARE SERVICES       0         17.00       PATI ENT/RESIDENTIAL CARE SERVICES       0         17.00       LEVEL OF CARE       0       0         50.00       HOSPICE CONTINUOUS HOME CARE       0       0         51.00       HOSPICE ROUTINE HOME CARE       37,786       0         52.00       HOSPICE GENERAL INPATIENT CARE       37,786       0         53.00       HOSPICE GENERAL INPATIENT CARE       47       0       0         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0         60.00       BEREAVEMENT PROGRAM       0       60.00       61.00
15.00       PHYSICIAN ADMINISTRATIVE SERVICES       37,838       0       15.00         16.00       OTHER GENERAL SERVICE       0       16.00         17.00       PATIENT/RESIDENTIAL CARE SERVICES       0       0         17.00       EEVEL OF CARE       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0       50.00         51.00       HOSPICE ROUTINE HOME CARE       37,786       0       51.00         52.00       HOSPICE CONTINUTION TRESPITE CARE       37,786       0       51.00         53.00       HOSPICE GENERAL INPATIENT CARE       47       0       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0       53.00         NONREI MBURSABLE COST CENTERS       60.00       61.00       61.00       61.00
16.00       OTHER GENERAL SERVICE       0       16.00         17.00       PATI ENT/RESIDENTIAL CARE SERVICES       0       0         LEVEL OF CARE       0       0       17.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0         51.00       HOSPICE ROUTINE HOME CARE       37,786       0       51.00         52.00       HOSPICE INPATIENT RESPITE CARE       47       0       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0       52.00         NONREI MBURSABLE COST CENTERS       60.00       61.00       61.00       61.00
17.00       PATI ENT/RESIDENTIAL CARE SERVICES       0       17.00         LEVEL OF CARE       0       0       50.00         50.00       HOSPICE CONTINUOUS HOME CARE       0       0         51.00       HOSPICE ROUTINE HOME CARE       37,786       0       51.00         52.00       HOSPICE INPATIENT RESPITE CARE       47       0       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0       52.00         NONREI MBURSABLE COST CENTERS       0       0       60.00       61.00         61.00       VOLUNTEER PROGRAM       0       61.00       61.00
LEVEL OF CARE           50.00         HOSPI CE CONTI NUOUS HOME CARE         0         0         50.00           51.00         HOSPI CE CONTI NUOUS HOME CARE         37,786         0         51.00           52.00         HOSPI CE INPATI ENT RESPI TE CARE         47         0         0         52.00           53.00         HOSPI CE GENERAL INPATI ENT CARE         5         0         0         53.00           NONREI MBURSABLE COST CENTERS         60.00         BEREAVEMENT PROGRAM         0         60.00         61.00
50.00         HOSPICE CONTINUOUS HOME CARE         0         0         50.00           51.00         HOSPICE ROUTINE HOME CARE         37,786         0         51.00           52.00         HOSPICE INPATIENT RESPITE CARE         47         0         0         52.00           53.00         HOSPICE GENERAL INPATIENT CARE         5         0         0         52.00           50.00         BEREAVEMENT PROGRAM         5         0         0         50.00           60.00         BEREAVEMENT PROGRAM         0         60.00         61.00         61.00
51.00       HOSPICE ROUTINE HOME CARE       37,786       0       51.00         52.00       HOSPICE INPATIENT RESPITE CARE       47       0       0       52.00         53.00       HOSPICE GENERAL INPATIENT CARE       5       0       0       53.00         NONREI MBURSABLE COST CENTERS         60.00       BEREAVEMENT PROGRAM       0       60.00         61.00       VOLUNTEER PROGRAM       0       61.00
52.00 HOSPICE INPATIENT RESPITE CARE47 50 0052.00 53.0053.00 NONREI MBURSABLE COST CENTERS50053.0060.00 61.00BEREAVEMENT PROGRAM060.00 61.0060.00 61.00
53.00HOSPICE GENERAL INPATIENT CARE50053.00NONREI MBURSABLE COST CENTERS60.0060.0061.00VOLUNTEER PROGRAM00
NONREI MBURSABLE COST CENTERS         60.00       BEREAVEMENT PROGRAM       0       60.00         61.00       VOLUNTEER PROGRAM       0       61.00
61.00 VOLUNTEER PROGRAM 0 61.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS 0 63.00
64. 00 PALLIATIVE CARE PROGRAM 0 64. 00
65. 00 OTHER PHYSI CI AN SERVI CES 0 65. 00
66.00 RESIDENTIAL CARE 0 0 0 66.00
67. 00 ADVERTISING 0 67. 00
68. 00 TELEHEALTH/TELEMONITORING 0 68. 00
69.00 THRIFT STORE 0 69.00
70. 00 NURSING FACILITY ROOM & BOARD 70. 00
71.00 OTHER NONREI MBURSABLE (SPECI FY) 0 0 0 71.00
99.00 NEGATIVE COST CENTER 99.00
100.00 COST TO BE ALLOCATED (per Wkst. 0-6, Part I) 489,705 0 0 100.00
101. 00 UNIT COST MULTIPLIER   12. 942148  0. 000000  0. 000000   101. 00

Heal th	Financial Systems	FRANCI SCAN HEAL	ΤΗ ΙΑΓΑΥΕΤΤΕ		Inlie	eu of Form CMS-2	2552-10
	TONMENT OF HOSPITAL-BASED HOSPICE SHARED SERV		Provi der C	CN: 15-0109	Peri od:	Worksheet 0-7	
LEVEL	OF CARE		Hospi ce CCI	N: 15-1563	From 01/01/2022 To 12/31/2022		
					Hospi ce I		
				Charges by	LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, C	ost to Charge	НСНС	HRHC	HI RC	
	·	Part I, Col. 9	Ratio				
		line					
	1	0	1.00	2.00	3.00	4.00	
	ANCI LLARY SERVICE COST CENTERS	· · · [		1	-		
1.00	PHYSI CAL THERAPY	66.00	0. 290087		0 0	, s	
2.00	OCCUPATIONAL THERAPY	67.00	0. 171703		0 0	Ű	
3.00	SPEECH PATHOLOGY	68.00	0. 203961		0 0	-	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0. 425963		0 0	0	
4.01	DI ABETES CENTER	73.01	121. 810045		0 0	0	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0. 113446		0 0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0. 238588		0 0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADI OLOGY - THERAPEUTI C	55.00	0. 102413		0 0	0	9.00
10.00	ONCOLOGY	76.00	0. 249158		0 0	0	10.00
10.01	ANTI COAGULATI ON	76.01	0. 459122		0 0	0	10.01
10.02	INFUSION SERVICES	76.02	0. 219225		0 0	0	10.02
10. 98	HYPERBARI C OXYGEN THERAPY	76. 98	0. 000000		0 0	0	10. 98
11.00	Totals (sum of lines 1-11)						11.00
		Charges by LOC		Shared Serv	ice Costs by LOC		
		(from Provider					
		Records)					
	Cost Center Descriptions	HGI P H	ICHC (col. 1 x	HRHC (col. 1	xHIRC (col. 1 x	HGIP (col. 1 x	
			col. 2)	col. 3)	col. 4)	col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSI CAL THERAPY	0	0		0 0	0	
2.00	OCCUPATIONAL THERAPY	0	0		0 0	0	
3.00	SPEECH PATHOLOGY	0	0		0 0	0	
4.00	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	4.00
4.01	DI ABETES CENTER	0	0		0 0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0		0 0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADI OLOGY - THERAPEUTI C	0	0		0 0	0	9.00
10.00	ONCOLOGY	0	0		0 0	0	10.00
10.01	ANTI COAGULATI ON	0	0		0 0	0	10.01
10. 02	INFUSION SERVICES	0	0		0 0	0	
10. 98	HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	
11.00	Totals (sum of lines 1-11)		0		0 0	0	11.00
							•

ALCULA	TION OF HOSPITAL-BASED HOSPICE PER DIEM COST	Provider CC	CN: 15-0109	Peri od:		Worksheet 0-8	
		Hospi ce CCN	N: 15-1563		/01/2022 /31/2022	Date/Time Pre 5/30/2023 7:1	
				Hosp	ice I		
			TITLE XVIII	TIT	LE XIX	TOTAL	
			MEDI CARE	MED	DICAID		
			1.00	2	2. 00	3.00	
	IOSPI CE CONTI NUOUS HOME CARE						
00 1	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-	7, col. 6,				0	1.
	line 11)						
00 1	Total unduplicated days (Wkst. S-9, col. 4, line 10)					0	2.
00 1	Total average cost per diem (line 1 divided by line 2)					0.00	3.
00 L	Jnduplicated program days (Wkst. S-9 col. as appropriate, line	e 10)		0	0		4.
00 F	Program cost (line 3 times line 4)			0	0		5
	IOSPICE ROUTINE HOME CARE						
00  1	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-	7, col. 7,				5, 482, 028	6
	line 11)						
00  1	Total unduplicated days (Wkst. S-9, col. 4, line 11)					37, 786	7
00  1	Total average cost per diem (line 6 divided by line 7)					145.08	8
00 L	Jnduplicated program days (Wkst. S-9, col. as appropriate, li	ne 11)	37, 7	86	0		9
	Program cost (line 8 times line 9)		5, 481, 9	93	0		10
	IOSPICE INPATIENT RESPITE CARE						
. 00   1	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-	7, col. 8,				7, 094	11
	line 11)						
	Total unduplicated days (Wkst. S-9, col. 4, line 12)						12
	Total average cost per diem (line 11 divided by line 12)					150.94	
	Jnduplicated program days (Wkst. S-9, col. as appropriate, li	ne 12)		47	0		14
	Program cost (line 13 times line 14)		7,0	94	0		15
	IOSPI CE GENERAL I NPATI ENT CARE						
	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-	7, col. 9,				2, 658, 668	16
	line 11)						
	Total unduplicated days (Wkst. S-9, col. 4, line 13)					5	17
	Total average cost per diem (line 16 divided by line 17)					531, 733. 60	
	Jnduplicated program days (Wkst. S-9, col. as appropriate, li	ne 13)		5	0		19
	Program cost (line 18 times line 19)		2, 658, 6	68	0		20
	OTAL HOSPICE CARE						
	Total cost (sum of line 1 + line 6 + line 11 + line 16)					8, 147, 790	
	Total unduplicated days (Wkst. S-9, col. 4, line 14)					37, 838	
3.00 /	Average cost per diem (line 21 divided by line 22)					215.33	23

Health Financial Systems	FRANCI SCAN HEALTH LAFAYETTE	In Lie	u of Form CMS-2552-10
CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0109	Peri od: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/30/2023 7:13 pm
	Title XVIII	Hospi tal	PPS

				5/30/2023 7:1	3 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			2, 406, 415	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments			240, 759	
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. 13	
4.00	Number of interns & residents (see instructions)			0.00	
5.00	Indirect medical education percentage (see instructions)			0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and			0	6.00
	1.01) (see instructions)				
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line			3.09	7.00
	30) (see instructions)				
8.00	Percentage of Medicaid patient days to total days (see instructions)			27.41	8.00
9.00	Sum of lines 7 and 8			30.50	
10.00				6.37	10.00
				153, 289	
12.00	Total prospective capital payments (see instructions)			2, 800, 463	12.00
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0	
2.00	Program inpatient ancillary capital cost (see instructions)			0	
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	
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	
				1.00	
1 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS				1 00
1.00	Program inpatient capital costs (see instructions)		0	1.00	
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0		
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	
5.00	Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see instructions)			0	5.00
6.00			0.00		
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0		
8.00	Capital minimum payment level (line 5 plus line 7)			0	
9.00	Current year capital payments (from Part I, line 12, as applic			0	
10.00	Current year comparison of capital minimum payment level to ca			0	10.00
11.00	Carryover of accumulated capital minimum payment level over ca	apitai payment (trom pri	or year	0	11.00
10.00	Worksheet L, Part III, line 14)	mente (line 10 alve lin	- 11)		10.00
	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0		
	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	
14.00				0	14.00
15 00	(if line 12 is negative, enter the amount on this line)			0	15.00
	Current year allowable operating and capital payment (see instructions) Current year operating and capital costs (see instructions)				
	Current year operating and capital costs (see instructions) Current year exception offset amount (see instructions)			0	
17.00	Content year exception offset amount (see fistfuctions)			0	17.00