ieai în Financia	ai systems	FRANCI SCAN HEALT	H HAWWUND	in Lieu	J 01 F01111 UNS-2552-10
This report is	required by law (42 USC 1395)	g; 42 CFR 413.20(b)). Fai	lure to report can resu	ult in all interim	FORM APPROVED
payments made	since the beginning of the co	st reporting period being	deemed overpayments (4	12 USC 1395g).	OMB NO. 0938-0050
					EXPIRES 03-31-2022
HOSPITAL AND H	OSPITAL HEALTH CARE COMPLEX C	OST REPORT CERTIFICATION	Provider CCN: 15-0004	Peri od:	Worksheet S
AND SETTLEMENT	SUMMARY			From 01/01/2020	
				To 12/31/2020	Date/Time Prepared:
					7/29/2021 12:48 pm
PART I - COST	REPORT STATUS				
Provi der	1. [ X ] Electronically prepar	ed cost report		Date: 7/29/20	21 Time: 12:48 pm
use only	2. [ ] Manually prepared cos	t report			
	3. [ 0 ] If this is an amended	report enter the number	of times the provider i	resubmitted this co	ost report
	4. [ F ] Medicare Utilization.	Enter "F" for full or "L	" for low. '		•
Contractor	5. [ 1 ]Cost Report Status	6. Date Received:	10.	NPR Date:	
use only		7. Contractor No.		Contractor's Vendo	
<i>j</i>	(2) Settled without Audit	8. [ N ] Initial Report fo	or this Provider CCN 12.	[ 0 ]If line 5, co	lumn 1 is 4: Enter
	(3) Settled with Audit	9. [ N ] Final Report for	this Provider CCN		es reopened = 0-9.
	(4) Reopened				•

## PART II - CERTIFICATION

(5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH HAMMOND (15-0004) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

]I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Si gned)
Officer or Administrator of Provider(s)
Ti tl e
Date

			Title XVIII				
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2. 00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	1, 202, 550	557, 032	0	0	1. 00
2.00	Subprovi der - I PF	0	35, 769	130		6	2. 00
3.00	Subprovi der - I RF	0	0	0		0	3. 00
5.00	Swing Bed - SNF	0	0	0		0	5. 00
6.00	Swing Bed - NF	0				0	6. 00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7. 00
8.00	NURSING FACILITY	0				0	8. 00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9. 00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11. 00
12.00	CMHC I	0		0		0	12. 00
200.00	Total	0	1, 238, 319	557, 162	0	6	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0004 Period: From 01/01/2020 Part I

HUSPI I	AL AND HOSPITAL HEALTH CARE COMPLEX	DENTIFICATION DATA	Provi d	er CCN: 1	5-0004	Peri od:		Workshe	et S-2	
						From 01/01/ To 12/31/		Part I Date/Ti	mo Pro	narod:
						10 12/31/		7/29/20		
	1.00	2.00		3. 00		4	4. 00			
1. 00	Hospital and Hospital Health Care Co Street: 5454 HOHMAN AVENUE	mplex Address: PO Box:								1. 00
2.00	City: HAMMOND	State: IN	Zip Code	e: 46320	Count	ty: LAKE				2.00
	,	Component Name	CCN	CBSA	Provi der	1	Payme	nt Syst	em (P,	
			Number	Number	Type	Certi fi ed	_	0, or		
		1.00	2.00	2.00	4.00	F 00	V	XVIII		
	Hospital and Hospital-Based Componen	1.00	2. 00	3. 00	4. 00	5. 00	6. 00	7.00	8.00	
3.00	Hospi tal	FRANCISCAN HEALTH	150004	23844	1	07/01/1966	N	Р	0	3. 00
		HAMMOND								
4.00	Subprovi der - IPF	FRANCISCAN ST. MARGARET	15S004	23844	4	01/01/2002	N	P	P	4. 00
5. 00	Subprovi der - IRF	HLTH HAMMOND								5. 00
6.00	Subprovider - (Other)									6.00
7. 00	Swing Beds - SNF									7. 00
8.00	Swing Beds - NF									8.00
9.00	Hospi tal -Based SNF									9. 00
10.00	Hospi tal -Based NF									10.00
	Hospi tal -Based OLTC									11. 00
	Hospi tal -Based HHA	ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	12. 00
	Separately Certified ASC									13.00
	Hospi tal -Based Hospi ce									14.00
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC									15. 00 16. 00
	Hospital - Based (CMHC) I									17. 00
	Hospital-Based (CORF) I									17. 00
	Renal Dialysis									18. 00
	Other									19. 00
	1.5					From:		То		
						1. 00		2.0		
	Cost Reporting Period (mm/dd/yyyy)					01/01/2	020	12/31/	′2020	20. 00
21. 00	21.00 Type of Control (see instructions)									
						1				21. 00
					1 00			3 (	)O	21.00
	Inpatient PPS Information				1. 00	2.00		3. (	00	21.00
22. 00	Inpatient PPS Information Does this facility qualify and is it	currently receiving pay	ments for		1. 00 Y			3. 0	00	22. 00
22. 00	Does this facility qualify and is it disproportionate share hospital adju	stment, in accordance wi	th 42 CFR			2.00		3. (	00	
22. 00	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo	stment, in accordance wi r yes or "N" for no. Is	th 42 CFR this			2.00		3. (	00	
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22. 01 22. 02	Does this facility qualify and is it disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in columthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octobor "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least	stment, in accordance wir yes or "N" for no. Is 412.106(c)(2)(Pickle ame ryes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to "for no for the portion er October 1. (see instrequires final uncompen port settlement? (see in "for no, for the portion er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating statiolumn 1, "Y" for yes or g period prior to Octobe no for the portion of the roctober 1. (see instream of the portion of the roctober 1. (see instream of the portion of the portion of the roctober 1. (see instream of the portion of the portion of the portion of the portion but not more than 49	th 42 CFR this ndment  s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft  urban to stical ar "N" for n r 1. Ente e cost uctions) 9 beds (a	s for ost e es) yes er eas o	Y	2.00 N Y				22. 00
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22. 01 22. 02 22. 03	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in columthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost reenter in column 1, "Y" for yes or "N cost reporting period prior to Octobor "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in cofor the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	stment, in accordance wir yes or "N" for no. Is 412.106(c)(2)(Pickle ame ryes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to "for no for the portion er October 1. (see instrequires final uncompen port settlement? (see in "for no, for the portion er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating statiolumn 1, "Y" for yes or g period prior to Octobe no for the portion of the cotober 1. (see instread of the portion of the cotober 1. (see instread of the portion of the potential of	th 42 CFR this ndment  s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft  urban to stical ar "N" for n r 1. Ente e cost uctions) 9 beds (a 3, "Y" for	s or ost es) yes er eas o r	Y	2.00 N Y				22. 00 22. 01 22. 02 22. 03
22. 01 22. 02	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in columthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octobor "N" for no, for the portion of th October 1. Did this hospital receive a geograph 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 counted in accordance with 42 CFR 41	stment, in accordance wir yes or "N" for no. Is 412.106(c)(2)(Pickle ame ryes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to "for no for the portion er October 1. (see instrequires final uncompen port settlement? (see in "for no, for the portion er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating statiolumn 1, "Y" for yes or g period prior to Octobe no for the portion of the roctober 1. (see instruction of the portion of the portion of the roctober 1. (see instruction of the portion of th	th 42 CFR this ndment  s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft  urban to stical ar "N" for n r 1. Ente e cost uctions) 9 beds (a 3, "Y" fo and/or 25	s or ost e s) yes er eas o r	Y	2.00 N Y				22. 00
22. 01 22. 02 22. 03	Does this facility qualify and is it disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in columthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octobor "N" for no, for the portion of th October 1.  Did this hospital receive a geograph 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 counted in accordance with 42 CFR 41 yes or "N" for no.  Which method is used to determine Me below? In column 1, enter 1 if date if date of discharge. Is the method	stment, in accordance wir yes or "N" for no. Is 412.106(c)(2)(Pickle ame ryes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to "for no for the portion er October 1. (see instrequires final uncompen port settlement? (see in "for no, for the portion er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating statiolumn 1, "Y" for yes or g period prior to Octobe no for the portion of the Portion of the Portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the October 1. (see instrance in the portion of the p	th 42 CFR this ndment  s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft  urban to stical ar "N" for n r 1. Ente e cost uctions) 9 beds (a 3, "Y" fo and/or 25 s days, o in this c	s for	Y	2.00 N Y				22. 00 22. 01 22. 02 22. 03
22. 01 22. 02 22. 03	Does this facility qualify and is it disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in columthe portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octobor "N" for no, for the portion of th October 1. Did this hospital receive a geograph 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 counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me below? In column 1, enter 1 if date	stment, in accordance wiryes or "N" for no. Is 412.106(c)(2)(Pickle ame ryes or "N" for no. compensated care payment mn 1, "Y" for yes or "N" riod occurring prior to "for no for the portion er October 1. (see instrequires final uncompen port settlement? (see in "for no, for the portion er 1. Enter in column 2, e cost reporting period ic reclassification from ds for delineating statiolumn 1, "Y" for yes or g period prior to Octobe no for the portion of the roctober 1. (see instream to but not more than 49 2.105)? Enter in column dicaid days on lines 24 of admission, 2 if census of identifying the days method used in the prior	th 42 CFR this ndment  s for thi for no f October 1 of the c uctions) sated car struction n of the "Y" for on or aft  urban to stical ar "N" for n r 1. Ente e cost uctions) 9 beds (a 3, "Y" fo s days, o in this c cost	s for	Y	2.00 N Y				22. 00 22. 01 22. 02 22. 03

is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.

58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.

59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.

57.00

58.00

59 00

Ν

Ν

N

for yes or "N" for no in column 2.

57.00

Health Financial Systems FRANCISC	CAN HEA	LTH HAMMOND		In Lie	u of Form CMS-2	<u> 2552-1</u> 0
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DAT	ГА	Provi der CC	F	eriod: rom 01/01/2020 o 12/31/2020	Worksheet S-2 Part I	pared:
		·	NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1. 00	2. 00	3.00	
60.00 Are you claiming nursing and allied health education 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 adjustement? Enter "Y" for yes or "N" for no in colu	85? (s umn 1. R) NAHE	see If column 1	Y	Y		60.00
60.01 If line 60 is yes, complete columns 2 and 3 for each instructions)		ı. (see		23. 01	1	60. 01
60.02   If line 60 is yes, complete columns 2 and 3 for each instructions)	. 0	·		23. 02		60. 02
60.03   If line 60 is yes, complete columns 2 and 3 for each instructions)	. 0	•		23. 03		60. 03
60.04   If line 60 is yes, complete columns 2 and 3 for each instructions)	. 0	·		23. 04		60. 04
60.05   If line 60 is yes, complete columns 2 and 3 for each instructions)	. 0	•		23. 05		60. 05
60.06    If line 60 is yes, complete columns 2 and 3 for each   instructions)			Di soot CME	23. 06		60.06
	Y/N	I ME	Direct GME	I ME	Direct GME	
61.00 Did your hospital receive FTE slots under ACA	1. 00 N	2. 00	3. 00	4. 00	5.00	61. 00
section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					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. 01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61. 02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61. 03
61.04 Enter the number of unweighted primary care/or surgery all opathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61. 04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line						61. 05
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. 06
	Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
(1.10 Of the FTFe in Line (1.05 and for each new manner.)		1. 00	2. 00	3.00	4.00	(1.10
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.  61.20 Of the FTEs in line 61.05, specify each expanded				0.00		61. 10
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.						

Heal th	Financial Systems	FRANCI S	CAN HEALTH HAMMON	ID	In Lie	u of Form CMS-2	2552-10
HOSPI TA	IL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION DA	TA Provi d	er CCN: 15-0004	Peri od: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prep 7/29/2021 12:4	pared:
						1.00	
	ACA Provisions Affecting the Hea Enter the number of FTE resident				eriod for which	0.00	62. 00
2. 01 l	your hospital received HRSA PCRE Enter the number of FTE resident during in this cost reporting pe	s that rotated from a	Teaching Health		to your hospital	0.00	62. 0°
	Teaching Hospitals that Claim Re Has your facility trained reside	sidents in Nonprovide	er Settings		g period? Enter	N	63.00
	'Y" for yes or "N" for no in col	umn 1. If yes, comple	te lines 64 thro	ugh 67. (see inst		Ratio (col. 1/	
				FTEs Nonprovi de Si te	FTEs in	(col. 1 + col. 2))	
				1.00	2.00	3.00	
	Section 5504 of the ACA Base Yea			gsThis base ye	ar is your cost r	eporting	
64. 00 li	period that begins on or after J Enter in column 1, if line 63 is in the base year period, the num resident FTEs attributable to ro settings. Enter in column 2 the resident FTEs that trained in your of (column 1 divided by (column	yes, or your facilit ber of unweighted non tations occurring in number of unweighted ur hospital. Enter in	y trained reside -primary care all nonprovider non-primary car column 3 the ra	e	0.00	0. 000000	64. 00
N	or (corumn raily aca by (corumn)	Program Name	Program Code	Unwei ghted FTEs Nonprovi de Si te	FTEs in	Ratio (col. 3/ (col. 3 + col. 4))	
5. 00 E	Enter in column 1, if line 63	1.00	2.00	3. 00	4. 00 00 0. 00	5. 00 0. 000000	
	s yes, or your facility trained residents in the base year period, the program name associated with primary care energy care by the 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 3, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unwei ghted	d Unweighted	Ratio (col. 1/	
				FTEs Nonprovi de Si te	FTEs in Hospital	(col. 1 + col. 2))	
9	Section 5504 of the ACA Current	Year FTE Residents in	Nonprovi der Set	1.00 tingsEffective	2.00 for cost reporti	3.00 ng periods	
6. 00   1 	peginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	ndo unweighted non-primar ccurring in all nonpr unweighted non-primar al. Enter in column 3	y care resident ovider settings. y care resident the ratio of		00 7. 22		66. 00
	Containing a drive dear by (containing in +	Program Name	Program Code	FTEs Nonprovi de Si te	FTEs in r Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1. 00	2.00	3. 00	4. 00	5. 00	

	886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		IN IN	87.00
		V	XI X	
		1. 00	2.00	
Ti	itle V and XIX Services			
	oes this facility have title V and/or XIX inpatient hospital services? Enter "Y" for es or "N" for no in the applicable column.	N	Y	90. 00
	s this hospital reimbursed for title V and/or XIX through the cost report either in ull or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91. 00
	re title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see nstructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92. 00
	oes this facility operate an ICF/IID facility for purposes of title V and XIX? Enter Y" for yes or "N" for no in the applicable column.	N	N	93. 00
	oes title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the pplicable column.	N	N	94. 00
95. 00 I	fline 94 is "Y", enter the reduction percentage in the applicable column.	0. 00	0.00	95. 00
	oes title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the pplicable column.	N	N	96. 00
97. 00 I	fline 96 is "Y", enter the reduction percentage in the applicable column.	0. 00	0.00	97. 00
s.	oes title V or XIX follow Medicare (title XVIII) for the interns and residents post tepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in olumn 1 for title V, and in column 2 for title XIX.	Υ	Y	98. 00
C,	oes title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst., Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for itle XIX.	Υ	Y	98. 01
98. 02 Do	oes title V or XIX follow Medicare (title XVIII) for the calculation of observation ed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 or title V, and in column 2 for title XIX.	Υ	Y	98. 02

Health Financial Systems FRANCISCAN HEA	ALTH HAMMOND		In Lie	u of Form CMS	5-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provi der CC	CN: 15-0004	Peri od: From 01/01/2020 To 12/31/2020	Worksheet S- Part I Date/Time Pr 7/29/2021 12	-2 repared:
			V	XI X	2. 40 piii
			1. 00	2.00	
98.03 Does title V or XIX follow Medicare (title XVIII) for a crireimbursed 101% of inpatient services cost? Enter "Y" for yof for title V, and in column 2 for title XIX.				N	98. 03
98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH outpatient services cost? Enter "Y" for yes or "N" for no i			N N	N	98. 04
in column 2 for title XIX.  98.05 Does title V or XIX follow Medicare (title XVIII) and add bawkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in a column 2 for title XIX.	Y	98. 05			
98.06 Does title V or XIX follow Medicare (title XVIII) when cost Pts. I through IV? Enter "Y" for yes or "N" for no in column			Y	Y	98. 06
column 2 for title XIX. Rural Providers					
105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the all	-inclusive metl	nod of paymer	N nt		105. 00 106. 00
for outpatient services? (see instructions)  107.00 Column 1: If line 105 is Y, is this facility eligible for or training programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do	n 1. (see ins	tructions)			107. 00
approved medical education program in the CAH's excluded II	PF and∕or IRF (				
Enter "Y" for yes or "N" for no in column 2. (see instruction 108.00 Is this a rural hospital qualifying for an exception to the CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		dul e? See 42	2 N		108. 00
	Physi cal	Occupationa	<del>_</del>	Respi ratory	′
109.00  f this hospital qualifies as a CAH or a cost provider, are	1. 00 N	2.00 N	3. 00 N	4.00 N	109. 00
therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	IV.	IN	IN IN	IV.	109.00
				1.00	-
110.00 Did this hospital participate in the Rural Community Hospit: Demonstration) for the current cost reporting period? Enter complete Worksheet E, Part A, lines 200 through 218, and Worapplicable.	'Y" for yes or	"N" for no.	If yes,	N	110. 00
			1. 00	2.00	_
111.00 If this facility qualifies as a CAH, did it participate in Health Integration Project (FCHIP) demonstration for this comparts for yes or "N" for no in column 1. If the response to complete integration prong of the FCHIP demo in which this CAH is participated in the property of t	ost reporting polumn 1 is Y, orticipating in	period? Enter enter the column 2.	N	2.00	111. 00
		1.00	2.00	2.00	_
112.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in the	period? s "Y", enter	1. 00 N	2.00	3.00	112. 00
demonstration. In column 3, enter the date the hospital cerparticipation in the demonstration, if applicable.  Miscellaneous Cost Reporting Information					
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes of in column 1. If column 1 is yes, enter the method used (A, I 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	3, or E only) 93" percent (includes	N			0 115. 00
the definition in CMS Pub. 15-1, chapter 22, §2208.1.  116.00 Is this facility classified as a referral center? Enter "Y" "N" for no.	for yes or	N			116. 00
117.00 Is this facility legally-required to carry malpractice insularly for yes or "N" for no.	rance? Enter	Y			117. 00
118.00 s the malpractice insurance a claims-made or occurrence polif the policy is claim-made. Enter 2 if the policy is occur		Premi ums	2 Losses		118. 00
				Insurance	

2.00 477,003

3.00

0 118. 01

1. 00 960, 785

118.01 List amounts of mal practice premiums and paid losses:

Ν

Ν

Ν

161. 00

161. 10

161.00 CMHC

161. 10 CORF

Health Financial Systems	FRANCI SCA	N HEALTH HAMMOND			In Lie	u of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPL	EX IDENTIFICATION DATA	Provi der CCI	N: 15-000	From O	1/01/2020 2/31/2020	Worksheet S- Part I Date/Time Pr 7/29/2021 12	epared:
						1. 00	_
Multicampus						1.00	
165.00 Is this hospital part of a Multion Enter "Y" for yes or "N" for no.	campus hospital that ha	as one or more campu	ses in di	fferent CB	SAs?	N	165. 00
	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1. 00	2. 00	3. 00	4. 00	5. 00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.0	00 166. 00
						1.00	
Health Information Technology (H	T) incentive in the Ar	merican Recovery and	Rei nves	tment Act		1.00	
167.00 Is this provider a meaningful uso 168.00 If this provider is a CAH (line reasonable cost incurred for the	er under §1886(n)? Ent 105 is "Y") and is a me	ter "Y" for yes or "I eaningful user (line	N" for no	O.	the	Y	167. 00 168. 00
168.01 If this provider is a CAH and is					shi p		168. 01
exception under §413.70(a)(6)(ii) 169.00 If this provider is a meaningful transition factor. (see instructi	user (line 167 is "Y")	r "N" for no. (see i) ) and is not a CAH (	nstruction line 105	ons) is "N"), e	nter the	9.1	99169. 00
				Be	gi nni ng	Endi ng	
					1. 00	2.00	
170.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	beginning date and end	ding date for the re	porting				170. 00
					1. 00	2.00	-
171.00 If line 167 is "Y", does this prosection 1876 Medicare cost plans "Y" for yes and "N" for no in col 1876 Medicare days in column 2.	reported on Wkst. S-3, umn 1. If column 1 is	Pt. I, line 2, col.	. 6? Ente	er	N	2.00	0 171. 00

	FI NANCI SCAN HEA		CN. 1E 0004		u of Form CMS	
HOSPI I	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0004		Peri od: From 01/01/2020 To 12/31/2020	Worksheet S- Part II Date/Time Pr 7/29/2021 12	epared:
	· · · · · · · · · · · · · · · · · · ·			Y/N	Date	
	General Instruction: Enter Y for all YES responses. Enter N	I for all NO ro	enoneoe Ent	1.00	2. 00	
	mm/dd/yyyy format.	TOT ATT NO TE	зропзез. спт	er arr dates in t		
	COMPLETED BY ALL HOSPITALS Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the			N		1.00
	reporting period? If yes, enter the date of the change in c	column 2. (see	Y/N	Date	V/I	
			1.00	2. 00	3. 00	
. 00	Has the provider terminated participation in the Medicare F yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.		N			2.00
3. 00	Is the provider involved in business transactions, includir contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provice officers, medical staff, management personnel, or members of directors through ownership, control, or family and other relationships? (see instructions)	offices, drug der or its of the board	N			3.00
			Y/N	Туре	Date	
	Financial Data and Reports		1.00	2. 00	3. 00	
1. 00 5. 00	Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for "R" for Reviewed. Submit complete copy or enter date avaccolumn 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues difference.	for Compiled, ailable in	Y	A	04/20/2021	4.00
. 00	those on the filed financial statements? If yes, submit rec		IN IN			3.00
				Y/N 1. 00	Legal Oper. 2.00	
	Approved Educational Activities			1.00	2.00	
. 00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?		Y	6.00		
7. 00 3. 00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.		I during the	Y		7. 00 8. 00
0.00	Are costs claimed for Interns and Residents in an approved		al education	Y		9. 00
0. 00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated cost reporting period? If yes, see instructions.		he current	N		10.00
1. 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	V /N	11. 0
					Y/N 1. 00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection period? If yes, submit copy.			ost reporting	Y N	12. 00 13. 00
4. 00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? If	yes, see in	structions.	N	14. 0
5. 00	Did total beds available change from the prior cost reporti		yes, see ins t A	tructions.	N + R	15. 00
		Y/N	Date	Y/N	Date	
		1. 00	2.00	3. 00	4. 00	
6. 00	PS&R Data 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	Y	04/07/2021	Y	04/07/2021	16. 00
7. 00	instructions) 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	N		N		17. 00
3. 00	in columns 2 and 4. (see instructions) 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		N		18. 0
9. 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.	N		N		19. 0

Heal th	Financial Systems FRANCISCAN HEA	ALTH HAMMOND		In Lie	u of Form CMS-	2552-10		
	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0004	Peri od: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Pre 7/29/2021 12:	pared:		
		Descr	i pti on	Y/N	Y/N	, o p		
20.00	LE Line 1/ and 17 in the surprise and the DCoD		0	1.00	3. 00	20, 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			
04.00	lw ii i i i i i i i i i i i i i i i i i	1.00	2. 00	3.00	4. 00	04.00		
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21. 00		
					1. 00			
-	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCE	PT CHILDRENS H	OSPI TALS)					
22. 00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see	instructions		T		22. 00		
23. 00	Have changes occurred in the Medicare depreciation expense		sals made dur	ing the cost		23. 00		
	reporting period? If yes, see instructions.							
24. 00	Were new leases and/or amendments to existing leases entere If yes, see instructions	ed into during	this cost re	porting period?		24. 00		
25. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	rting period?	'If yes, see		25. 00		
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ne cost reporti	ng period? I	f yes, see		26. 00		
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	ng period? If	yes, submit		27. 00		
28. 00	Interest Expense Were new loans, mortgage agreements or letters of credit er	ntered into dur	ing the cost	reporting		28. 00		
29. 00	period? If yes, see instructions.							
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu		debt? If yes	, see		30.00		
31. 00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes	, see		31. 00		
	instructions. Purchased Services					1		
32. 00	Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru	rvices furnishe uctions.	ed through co	ntractual		32. 00		
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	olied pertainir	ng to competi	tive bidding? If		33. 00		
	Provi der-Based Physi ci ans							
34. 00	Are services furnished at the provider facility under an ar If yes, see instructions.	o .	·	. ,		34. 00		
35. 00	If line 34 is yes, were there new agreements or amended exiphysicians during the cost reporting period? If yes, see in		nts with the			35. 00		
				Y/N	Date			
	Home Office Costs			1. 00	2. 00			
36. 00	Were home office costs claimed on the cost report?					36. 00		
37. 00	If line 36 is yes, has a home office cost statement been pr	repared by the	home office?	'		37. 00		
38. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home off					38. 00		
39. 00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to other					39. 00		
40. 00	see instructions. If line 36 is yes, did the provider render services to the	home office?	If yes, see			40. 00		
	instructions.							
		1.	00	2. (	00			
	Cost Report Preparer Contact Information	hana						
41. 00	held by the cost report preparer in columns 1, 2, and 3,	HONG		YANG		41. 00		
42. 00	respectively. Enter the employer/company name of the cost report	FRANCISCAN HEA	ALTH			42. 00		
43. 00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6568		HONG. YANG@FRANG	CI SCANALLI ANCE	43. 00		
	The state of the s	1		1. ==		11		

Heal th	Financial Systems FRA	ANCI SCAN F	HEALTH HAMMOND			In Lieu	of Form CMS-	2552-10
HOSPI 7	TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	ONNAI RE	Provi der	CCN: 15-0004		i od:	Worksheet S-2	
					To			nared·
						127 017 2020	7/29/2021 12:	
				3. 00				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/po	osi ti on	DI RECTOR - F	REIMBURSEMENT				41.00
	held by the cost report preparer in columns 1, 2	2, and 3,						
	respecti vel y.							
42.00	Enter the employer/company name of the cost repo	ort						42.00
	preparer.							
43.00	Enter the telephone number and email address of	the cost						43. 00
	report preparer in columns 1 and 2, respectively	y.						

 
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 Systems
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 HOSPITAL
 AND
 HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
 Provider CCN: 15-0004

						To 12	2/31/2020	Date/Time Pre 7/29/2021 12:	
								I/P Days / 0/F	
								Visits / Trips	
	Component	Worksheet A	No.	of Beds	Bed Days	CAH	Hours	Title V	
		Line Number			Avai I abl e				
		1.00		2. 00	3.00	4	1. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		152	55, 63	2	0.00	(	1.00
	8 exclude Swing Bed, Observation Bed and								
	Hospice days) (see instructions for col. 2								
	for the portion of LDP room available beds)								
2.00	HMO and other (see instructions)								2. 00
3.00	HMO IPF Subprovider								3. 00
4.00	HMO IRF Subprovider								4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF							(	
6.00	Hospital Adults & Peds. Swing Bed NF							(	
7. 00	Total Adults and Peds. (exclude observation			152	55, 63	2	0. 00	(	7. 00
	beds) (see instructions)					_			
8.00	INTENSIVE CARE UNIT	31. 00	1	20	7, 32	0	0. 00	(	
9.00	CORONARY CARE UNIT								9. 00
10.00	BURN INTENSIVE CARE UNIT								10.00
11.00	SURGICAL INTENSIVE CARE UNIT	05.00							11.00
12.00	NEWBORN INTENSIVE CARE UNIT	35. 00		8	2, 92	В	0.00		
13.00	NURSERY	43. 00		400	,			(	1
14. 00	Total (see instructions)			180	65, 88	)	0. 00		
15. 00	CAH visits	40.00		4.	4, 00	,		(	1
16.00	SUBPROVI DER - I PF	40. 00		46	16, 83	Б		(	
17. 00	SUBPROVIDER - I RF								17. 00 18. 00
18. 00 19. 00	SUBPROVIDER SKILLED NURSING FACILITY	44. 00		0		0			
20. 00	NURSING FACILITY	44. 00 45. 00		0		0			
21. 00	OTHER LONG TERM CARE	45.00		U		5			21.00
21.00	HOME HEALTH AGENCY	101. 00						(	
23. 00	AMBULATORY SURGICAL CENTER (D. P. )	101.00							23.00
24. 00	HOSPI CE								24.00
24. 10	HOSPICE (non-distinct part)	30. 00							24. 10
25. 00	CMHC - CMHC	99. 00							
25. 10	CMHC - CORF	99. 10							
26. 00	RURAL HEALTH CLINIC	88. 00	1						
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00							
27. 00	Total (sum of lines 14-26)	071.00		226					27. 00
28. 00	Observation Bed Days							1	
29. 00	Ambul ance Trips								29. 00
30. 00	Employee discount days (see instruction)								30. 00
31.00	Employee discount days - IRF								31.00
32. 00	Labor & delivery days (see instructions)			0		0			32. 00
32. 01	Total ancillary labor & delivery room								32. 01
	outpatient days (see instructions)								
33.00	LTCH non-covered days								33. 00
33. 01	LTCH site neutral days and discharges								33. 01

| Period: | Worksheet S-3 | From 01/01/2020 | Part | To 12/31/2020 | Date/Time Prepared: | 7/29/2021 | 12: 48 pm

						7/29/2021 12:	48 pm
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
		/ 00	7.00	Pati ents	& Residents	Payrol I	
1 00	Userital Adulta O Dada (salamas E / 7 and	6.00	7.00	8. 00	9. 00	10. 00	1 00
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and	6, 781	2, 698	19, 578			1. 00
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2. 00	HMO and other (see instructions)	5, 376	2, 869				2.00
3.00	HMO IPF Subprovider	371	2,007				3.00
4. 00	HMO IRF Subprovider	0	0				4.00
5. 00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	J	0	0			6.00
7. 00	Total Adults and Peds. (exclude observation	6, 781	2, 698	19, 578			7.00
7.00	beds) (see instructions)	0,70.	2,070	.,, .,			/. 00
8. 00	INTENSIVE CARE UNIT	990	415	3, 391			8. 00
9.00	CORONARY CARE UNIT			•			9. 00
10. 00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT	0	345	485			12.00
13.00	NURSERY		558	853			13. 00
14.00	Total (see instructions)	7, 771	4, 016	24, 307	7. 22	811. 38	14. 00
15. 00	CAH visits	0	0	0			15. 00
16.00	SUBPROVIDER - IPF	660	3, 366	7, 859	0.00	42. 88	16. 00
17.00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19. 00
20.00	NURSING FACILITY		0	0	0.00	0.00	20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY	32, 249	3, 561	55, 546	0.00	69. 26	22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)			0			24. 10
25. 00	CMHC - CMHC	0	0	0		0.00	
25. 10	CMHC - CORF	0	0	0	0.00	0.00	
26. 00	RURAL HEALTH CLINIC	0	0	0		0. 00	
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	
27. 00	Total (sum of lines 14-26)				7. 22	923. 52	27. 00
28. 00	Observation Bed Days		739	6, 999			28. 00
29. 00	Ambul ance Tri ps	0					29. 00
30. 00	Employee discount days (see instruction)			0			30. 00
31. 00	Employee discount days - IRF			0			31.00
32. 00	Labor & delivery days (see instructions)	0	93	165			32. 00
32. 01	Total ancillary labor & delivery room			0			32. 01
22.00	outpatient days (see instructions)						22.00
33. 00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33. 01

| Peri od: | Worksheet S-3 | From 01/01/2020 | Part | To 12/31/2020 | Date/Time Prepared: | To 12/31/2020 | Date/Time Prepared: | To 12/31/2020 | Part 
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 HOSPITAL
 AND
 HOSPITAL
 HEALTH CARE COMPLEX
 STATISTICAL
 DATA
 Provider CCN: 15-0004

				10	) 12/31/2020	7/29/2021 12:	
		Full Time		Di sch	arges		
		Equi val ents			,		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) HMO and other (see instructions)		0	1, 538	1, 604	5, 070	1. 00 2. 00
3.00	HMO IPF Subprovider			017	0		3.00
4. 00	HMO IRF Subprovider	•			0		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF	+			٩		5.00
6. 00	Hospital Adults & Peds. Swing Bed NF						6.00
7. 00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY	0.00		4 500	4 (04	F 070	13.00
14.00	Total (see instructions)	0. 00	0	1, 538	1, 604	5, 070	14.00
15. 00	CAH visits	0.00		404	.70	4 (40	15. 00
16.00	SUBPROVI DER - I PF	0. 00	0	104	679	1, 642	16.00
17. 00	SUBPROVIDER - I RF						17. 00
18.00	SUBPROVI DER	0.00					18.00
19. 00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0. 00					20.00
21. 00	OTHER LONG TERM CARE	0.00					21.00
22. 00	HOME HEALTH AGENCY	0. 00					22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE						23. 00 24. 00
24. 00 24. 10							24. 00
25. 00	HOSPICE (non-distinct part) CMHC - CMHC	0. 00					25. 00
25. 00	CMHC - CORF	0.00					25. 00
26. 00	RURAL HEALTH CLINIC	0.00					26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
27. 00	Total (sum of lines 14-26)	0.00					27. 00
28. 00	Observation Bed Days	0.00					28.00
29. 00	Ambulance Trips						29.00
30. 00	Employee discount days (see instruction)	}					30.00
31. 00	, ,	}					31. 00
31.00	Employee discount days - IRF	}					31.00
32. 00	Labor & delivery days (see instructions) Total ancillary labor & delivery room	}					32.00
32.01	outpatient days (see instructions)						32.01
33. 00	LTCH non-covered days			О			33. 00
	LTCH site neutral days and discharges	}					33. 01
55. 51	2. S. S. ES Houti di days and di Sonai gos	1		١			30.01

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2020 | Part II | To 12/31/2020 | Date/Time Prepared: | 12/40 | Peri od: | 12

					11	0 12/31/2020	Date/lime Pre   7/29/2021 12:	
		Wkst. A Line Number		Reclassificati on of Salaries (from Wkst.	Salaries (col.2 ± col.	Paid Hours Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	A-6) 3.00	3) 4.00	col . 4 5.00	6. 00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	3. 00	0.00	
1. 00	SALARIES Total salaries (see	200. 00	83, 220, 793	0	83, 220, 793	2, 279, 351. 00	36. 51	1.00
2. 00	instructions) Non-physician anesthetist Part	200.00	03, 220, 743			0.00		
3. 00	A Non-physician anesthetist Part		0	0		0. 00		
4. 00	B Physician-Part A -		0	0	0			
4. 01	Administrative Physicians - Part A - Teaching		0	0		0. 00		
5. 00	Physician and Non Physician-Part B		0	Ō	0	0. 00	l .	
6.00	Non-physician-Part B for hospital-based RHC and FQHC		0	О	0	0.00	0. 00	6. 00
7. 00	services Interns & residents (in an	21. 00	0	0	0	0. 00	0. 00	7. 00
7. 01	approved program) Contracted interns and residents (in an approved		558, 026	0	558, 026	11, 330. 00	49. 25	7. 01
8. 00	programs) Home office and/or related organization personnel		10, 954, 814	0	10, 954, 814	261, 327. 00	41. 92	8. 00
9. 00 10. 00	SNF Excluded area salaries (see	44. 00	0 10, 181, 443	0 -22, 348	0 10, 159, 095	0. 00 267, 094. 00		
10.00	instructions) OTHER WAGES & RELATED COSTS		10, 101, 443	-22, 540	10, 137, 073	207, 074. 00	30.04	10.00
11. 00	Contract labor: Direct Patient Care		1, 315, 547	0	1, 315, 547	19, 374. 00	67. 90	11. 00
12. 00	Contract labor: Top level management and other management and administrative		0	0	0	0.00	0. 00	12.00
13. 00	servi ces Contract labor: Physi ci an-Part		382, 072	0	382, 072	3, 048. 00	125. 35	13. 00
14. 00	A - Administrative Home office and/or related organization salaries and		0	0	0	0. 00	0. 00	14. 00
14. 01 14. 02 15. 00	wage-related costs Home office salaries Related organization salaries Home office: Physician Part A		11, 533, 126 0 0	0 0	0	275, 099. 00 0. 00 0. 00	0. 00	1
16. 00	- Administrative Home office and Contract		0	-		0. 00		
16. 01	Physicians Part A - Teaching Home office Physicians Part A		0	0	0	0. 00		
16. 02	- Teaching Home office contract		0	0	0	0. 00	0. 00	16. 02
	Physicians Part A - Teaching WAGE-RELATED COSTS							
17. 00	Wage-related costs (core) (see instructions)		17, 545, 755	0	17, 545, 755			17. 00
18. 00	Wage-related costs (other) (see instructions)							18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		2, 388, 287 0	0	2, 388, 287 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	0	0			21. 00
22. 00	Physician Part A - Administrative		0	0	0			22. 00
22. 01	Physician Part A - Teaching Physician Part B		0	0	0			22. 01 23. 00
23. 00 24. 00 25. 00	Wage-related costs (RHC/FQHC) Interns & residents (in an		0	Ō	0			24. 00 25. 00
25. 50	approved program) Home office wage-related		3, 403, 913	0	3, 403, 913			25. 50
25. 51	(core) Related organization		0	0	0			25. 51
25. 52	wage-related (core) Home office: Physician Part A		0	0	0			25. 52
	- Administrative - wage-related (core)							

| Period: | Worksheet S-3 | From 01/01/2020 | Part II | To 12/31/2020 | Date/Time Prepared:

					11	0 12/31/2020	7/29/2021 12:	
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries	Sal ari es		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	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII							
26. 00	Employee Benefits Department	4. 00	1, 605, 113		1, 605, 113	,		26. 00
27. 00	Administrative & General	5. 00	16, 708, 191	0	16, 708, 191	356, 234. 00	46. 90	27. 00
28. 00	Administrative & General under		723, 495	0	723, 495	6, 041. 00	119. 76	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	837, 648	l .	837, 648			29. 00
30.00	Operation of Plant	7. 00	1, 247, 771	0	1, 247, 771			
31. 00	Laundry & Linen Service	8. 00	0	0	0	0. 00		
32.00	Housekeepi ng	9. 00	1, 739, 361	0	1, 739, 361	111, 548. 00		
33.00	Housekeeping under contract		0	0	0	0. 00	0. 00	33. 00
	(see instructions)							
34.00	Di etary	10. 00	1, 231, 164	-853, 080	378, 084	20, 012. 00	18. 89	34.00
35. 00	Di etary under contract (see		0	0	0	0. 00	0. 00	35. 00
	instructions)							
36. 00	Cafeteri a	11. 00	0	853, 080	853, 080	,		36. 00
37. 00	Maintenance of Personnel	12. 00	0	0	0	0. 00		
38. 00	Nursing Administration	13. 00	3, 707, 454		3, 707, 454			
39. 00	Central Services and Supply	14. 00	191, 739	0	191, 739	8, 403. 00	22. 82	39. 00
40.00	Pharmacy	15. 00	2, 874, 776	22, 348	2, 897, 124	69, 207. 00	41. 86	40. 00
41.00	Medical Records & Medical	16. 00	323, 660	0	323, 660	11, 312. 00	28. 61	41. 00
	Records Library							
42.00	Social Service	17. 00	0	0	0	0. 00		42.00
43.00	Other General Service	18. 00	0	0	0	0.00	0.00	43.00

| Peri od: | Worksheet S-3 | From 01/01/2020 | Part III | To 12/31/2020 | Date/Time Prepared: | Table 12/31/2020 | Part III | Pare 12/31/2020 | Part III | Pare 12/31/2020 | P

						0 12/31/2020	7/29/2021 12: 4	
		Worksheet A	Amount	Reclassi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col . 5)	
				Worksheet A-6)	3)	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		72, 431, 448	0	72, 431, 448	2, 012, 735. 00	35. 99	1.00
	instructions)							
2.00	Excluded area salaries (see		10, 181, 443	-22, 348	10, 159, 095	267, 094. 00	38. 04	2.00
	instructions)							
3.00	Subtotal salaries (line 1		62, 250, 005	22, 348	62, 272, 353	1, 745, 641. 00	35. 67	3.00
	minus line 2)							
4.00	Subtotal other wages & related		13, 230, 745	0	13, 230, 745	297, 521. 00	44. 47	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		20, 949, 668	0	20, 949, 668	0. 00	33. 64	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		96, 430, 418	22, 348	96, 452, 766	2, 043, 162. 00	47. 21	6.00
7.00	Total overhead cost (see		31, 190, 372	22, 348	31, 212, 720	861, 217. 00	36. 24	7.00
	instructions)							

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0004	Peri od: Worksheet S-3
		From 01/01/2020   Part IV

	To 12	/31/2020	Date/Time Prep 7/29/2021 12:	
			Amount	·
			Reported	
			1. 00	
	PART IV - WAGE RELATED COSTS			
	Part A - Core List			
	RETI REMENT COST			
1.00	401K Employer Contributions		1, 007, 863	1. 00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3. 00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		4, 256, 127	4. 00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees		0	5. 00
6.00	Legal /Accounting/Management Fees-Pension Plan		0	6. 00
7.00	Employee Managed Care Program Administration Fees		0	7. 00
	HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)		0	8. 00
8. 01	Health Insurance (Self Funded without a Third Party Administrator)		0	8. 01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		6, 018, 908	8. 02
8.03	Health Insurance (Purchased)		0	8. 03
9.00	Prescription Drug Plan		0	9. 00
10.00	Dental, Hearing and Vision Plan		951, 574	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-36, 763	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		209, 325	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		988, 781	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FAS	B 106.	0	16. 00
	Non cumulative portion)			
	TAXES			
17. 00	FICA-Employers Portion Only		4, 139, 017	17.00
18. 00	Medicare Taxes - Employers Portion Only		0	18. 00
19. 00	Unemployment Insurance		10, 924	19. 00
20.00	State or Federal Unemployment Taxes		0	20.00
	OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 abo	ve. (see	0	21.00
	instructions))			
22. 00	Day Care Cost and Allowances		0	22. 00
23.00			0	23. 00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17, 545, 756	24.00
	Part B - Other than Core Related Cost			
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)			25. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0004	Peri od: Worksheet S-3 From 01/01/2020 Part V To 12/31/2020 Date/Time Prepared:

		Γο 12/31/2020	Date/Time Pre 7/29/2021 12:	
	Cost Center Description	Contract Labor		+O DIII
	<u> </u>	1. 00	2. 00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospi tal	0	0	2. 00
3.00	Subprovi der - IPF	0	0	3. 00
4.00	Subprovi der - IRF			4. 00
5. 00	Subprovi der - (0ther)	0	0	5. 00
6. 00	Swing Beds - SNF	0	0	6. 00
7. 00	Swing Beds - NF	0	0	7. 00
8. 00	Hospi tal -Based SNF	0	0	8. 00
9. 00	Hospi tal -Based NF	0	0	9. 00
10. 00	Hospi tal -Based OLTC			10.00
11. 00	Hospi tal -Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13. 00	Hospi tal -Based Hospi ce			13.00
14. 00	Hospital-Based Health Clinic RHC	0	0	14.00
15. 00	Hospital-Based Health Clinic FQHC	0	0	15. 00
16. 00	Hospi tal -Based-CMHC	0	0	16.00
16. 10	Hospi tal -Based-CMHC 10	0	0	16. 10
	Renal Di al ysi s			17. 00
18. 00	Other	0	0	18. 00

	Financial Systems	FRANCI SCAN HEA		ON 45 0004 B		eu of Form CMS-2	
HOME I	HEALTH AGENCY STATISTICAL DATA		Provider Component	F	eriod: rom 01/01/2020 o 12/31/2020	Worksheet S-4 Date/Time Prep	
			Comporterre	0014. 10 7110 1	Home Health	7/29/2021 12: A	
					Agency I		
	To a				1.	00	0.00
0.00	County	Title V	Title XVIII	Title XIX	Other	Total	0. 00
		1.00	2.00	3.00	4. 00	5. 00	
1. 00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	0	0	0	0	1. 00
2.00	Unduplicated Census Count (see instructions)	0. 00	1, 741. 00	0.00	0.00		2. 00
				Number of Empi	oyees (Full Ti	me Equivalent)	
		Enter the numb		Staff	Contract	Total	
		your normal	work week				
		(	)	1.00	2. 00	3. 00	
3. 00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES Administrator and Assistant Administrator(s)		40.00	1.00	0.00	1.00	3. 00
4. 00	Director(s) and Assistant Director(s)		40.00	1.67	0.00	1. 67	4. 00
5. 00 6. 00	Other Administrative Personnel Direct Nursing Service			17. 77 27. 75			5. 00 6. 00
7. 00	Nursing Supervisor			4.77			7. 00
8.00	Physical Therapy Service			12. 48			8. 00
9. 00 10. 00	Physical Therapy Supervisor Occupational Therapy Service			0. 00 2. 07			9. 00 10. 00
11. 00	Occupational Therapy Supervisor			0.00	0. 00	0.00	11. 00
12. 00 13. 00	Speech Pathology Service Speech Pathology Supervisor			0. 03 0. 00			
14. 00	Medical Social Service			0.00			
15. 00	Medical Social Service Supervisor			0.00			
16. 00 17. 00	Home Health Aide Home Health Aide Supervisor			3. 64 0. 00			16. 00 17. 00
18. 00	Other (specify)			0.00			
19. 00	HOME HEALTH AGENCY CBSA CODES Enter in column 1 the number of CBSAs where			1 4			19. 00
	you provided services during the cost reporting period.						
20. 00	List those CBSA code(s) in column 1 serviced			16974			20. 00
	during this cost reporting period (line 20 contains the first code).						
20. 01	contains the first code).			23844			20. 01
20. 02 20. 03				33140 99915			20. 02 20. 03
20.03		Full Ep	oi sodes				20.03
		Without Outliers	With Outliers	LUPA Epi sodes	PEP Only Epi sodes	Total (cols. 1-4)	
	DDC ACTIVITY DATA	1.00	2.00	3.00	4. 00	5. 00	
21. 00	PPS ACTIVITY DATA Skilled Nursing Visits	9, 914	4, 109	401	55	14, 479	21. 00
22. 00	Skilled Nursing Visit Charges	3, 941, 656	1, 633, 534	159, 838	21, 830	5, 756, 858	22. 00
23. 00 24. 00	Physical Therapy Visits Physical Therapy Visit Charges	8, 831 3, 641, 970	3, 242 1, 340, 340				
25. 00	Occupational Therapy Visits	552	1, 143	9	13	1, 717	25. 00
26. 00 27. 00	Occupational Therapy Visit Charges Speech Pathology Visits	228, 240 184	l		5, 358 5	710, 406 496	26. 00 27. 00
28. 00	Speech Pathology Visit Charges	75, 912			2, 070		
29. 00 30. 00	Medical Social Service Visits Medical Social Service Visit Charges	12 5, 760	l .		0	20 9, 600	29. 00 30. 00
31. 00	Home Health Aide Visits	1, 930		l .		3, 197	31.00
32. 00	Home Health Aide Visit Charges	371, 170	242, 105	1, 351		615, 591	32. 00
33. 00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	21, 423	10, 059	620	147	32, 249	33. 00
34.00	Other Charges	0 0 4 700	0 017 400	_		-	34.00
35. 00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8, 264, 708	3, 817, 689	248, 861	58, 717	12, 389, 975	35. 00
36. 00	Total Number of Episodes (standard/non outlier)	2, 308		346	21	2, 675	36. 00
37. 00	Total Number of Outlier Episodes	447 500	491		1	492	
38. UU	Total Non-Routine Medical Supply Charges	117, 592	79, 519	5, 126	1, 254	203, 491	J 38. UU

JI I I	AL UNCOMPENSATED AND INDIGENT CARE DATA Prov	vider CCN:		Peri od:	Worksheet S-1	0
				From 01/01/2020 To 12/31/2020		naro
				10 12/31/2020	7/29/2021 12:	
					1. 00	
	Uncompensated and indigent care cost computation					
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided	ed by line	202 column	8)	0. 269692	1.
00	Medicaid (see instructions for each line) Net revenue from Medicaid				20 522 452	2.
00	Did you receive DSH or supplemental payments from Medicaid?				29, 532, 652 Y	3
00	If line 3 is yes, does line 2 include all DSH and/or supplemental p	payments f	rom Medica	ıi d?	i N	4
00	If line 4 is no, then enter DSH and/or supplemental payments from I				21, 866, 393	
00	Medi cai d charges				143, 295, 387	
00	Medicaid cost (line 1 times line 6)				38, 645, 620	
00	Difference between net revenue and costs for Medicaid program (line < zero then enter zero)	ne 7 minus	sum of lin	ies 2 and 5; if	0	8
	Children's Health Insurance Program (CHIP) (see instructions for ea	ach line)				
00	Net revenue from stand-alone CHIP	,			0	9
00	Stand-alone CHIP charges				0	
00	Stand-alone CHIP cost (line 1 times line 10)				0	1
00	Difference between net revenue and costs for stand-alone CHIP (line	ne 11 minus	iline 9; i	f < zero then	0	12
	enter zero) Other state or local government indigent care program (see instruct	tions for	each line)			
00	Net revenue from state or local indigent care program (Not included				0	1 13
00	Charges for patients covered under state or local indigent care pro			,	0	14
	10)					
00	State or local indigent care program cost (line 1 times line 14)			45	0	
00	Difference between net revenue and costs for state or local indiger 13; if < zero then enter zero)	ent care pr	ogram (lin	ie 15 minus line	0	16
	113, II < Zelo then enter Zelo)					
	Grants, donations and total unreimbursed cost for Medicaid, CHIP ar	ind state/I	ocal indig	ent care progran	l ms (see	
	Grants, donations and total unreimbursed cost for Medicaid, CHIP ar instructions for each line)			ent care progran		
	<u>instructions for each line)</u> Private grants, donations, or endowment income restricted to fundin	ng charity	care	ent care progran	0	
. 00	<u>instructions for each line)</u> Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospi	ng charity Dital opera	care itions		0	
00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospitotal unreimbursed cost for Medicaid, CHIP and state and local income.	ng charity Dital opera	care itions		0	
00	<u>instructions for each line)</u> Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospi	ng charity bital opera ndigent car	care itions		0	18
00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospitotal unreimbursed cost for Medicaid, CHIP and state and local income.	ng charity bital opera ndigent car	care itions re programs Uninsured patients	(sum of lines	0 0 0 Total (col. 1 + col. 2)	18
00	<pre>instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospi Total unreimbursed cost for Medicaid, CHIP and state and local income. 8, 12 and 16)</pre>	ng charity bital opera ndigent car	care itions re programs Uninsured	(sum of lines	0 0 0	18
00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospitotal unreimbursed cost for Medicaid, CHIP and state and local incompanies, 12 and 16)  Uncompensated Care (see instructions for each line)	ng charity pital opera ndigent car	care utions re programs Uninsured patients 1.00	Insured patients 2.00	0 0 0 Total (col. 1 + col. 2) 3.00	18 19
00	<pre>instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospi Total unreimbursed cost for Medicaid, CHIP and state and local income. 8, 12 and 16)</pre>	ng charity pital opera ndigent car	care itions re programs Uninsured patients	Insured patients 2.00	0 0 0 Total (col. 1 + col. 2) 3.00	18 19
00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospit Total unreimbursed cost for Medicaid, CHIP and state and local incomplements.  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities instructions) Cost of patients approved for charity care and uninsured discounts	ng charity pital opera adigent car	care utions re programs Uninsured patients 1.00	Insured patients 2.00	Total (col. 1 + col. 2) 3.00	18 19
00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incompanies. Total unreimbursed cost for Medicaid, CHIP and state and local incompanies.  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities instructions) Cost of patients approved for charity care and uninsured discounts instructions)	ng charity pital opera ndigent car  ty s (see	r care ations re programs Uni nsured patients 1.00	Insured patients   2.00   22   2,655,115   2,655,115	0 0 0 0 1 + col . 1 + col . 2) 3.00 32,067,687	20 21
00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping total unreimbursed cost for Medicaid, CHIP and state and local into 8, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off	ng charity pital opera ndigent car  ty s (see	r care ations re programs Uni nsured patients 1.00	Insured patients 2.00	0 0 0 0 1 + col . 1 + col . 2) 3.00 32,067,687	20 21
00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incompanies. It is a state and local inc	ng charity pital opera ndigent car  ty s (see	v care attions reprograms Uninsured patients 1.00 29,412,57 7,932,33	Insured patients   2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22
00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping total unreimbursed cost for Medicaid, CHIP and state and local incompanies. (See instructions for each line) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facilities (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care	ng charity pital opera ndigent car  ty s (see	r care ations re programs Uni nsured patients 1.00	Insured patients   2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22
00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incomplements and the second state and local incomplements are charges and uninsured discounts for the entire faciliation (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)	ng charity bital opera adigent car  ty s (see	v care ations are programs Uninsured patients 1.00 29,412,57 7,932,33	Insured patients   2.00   22   2,655,115   2,655,115   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	20 21 22 23
00 00 00 00 00	Instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incompensated Care (see instructions for each line)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faciliations (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written officharity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient described in the support of	ng charity pital opera ndigent car  ty s (see	v care ations are programs Uninsured patients 1.00 29,412,57 7,932,33	Insured patients   2.00   22   2,655,115   2,655,115   0   0   0   0   0   0   0   0   0	0 0 0 0 Total (col. 1 + col. 2) 3.00 32,067,687 10,587,450	20 21 22
00 00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incomes, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient day imposed on patients covered by Medicaid or other indigent care proglif line 24 is yes, enter the charges for patient days beyond the interpretations.	ng charity pital opera adigent car  ty s (see as  as  as  as  as  by and as  as  as  by as  as  by as  by as  by as  charity a	Uni nsured patients 1.00 29,412,57 7,932,33 7,932,33	(sum of lines    Insured patients   2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23
00 00 00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospit Total unreimbursed cost for Medicaid, CHIP and state and local incompensated Care (see instructions for each line)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient daimposed on patients covered by Medicaid or other indigent care proglif line 24 is yes, enter the charges for patient days beyond the instay limit	ty s (see as alays beyond ogram? ndigent ca	Uni nsured patients 1.00 29,412,57 7,932,33 7,932,33	(sum of lines    Insured patients   2.00	0 0 0 0 0 Total (col. 1 + col. 2) 3.00 32,067,687 10,587,450 0 10,587,450 N 0	200 211 222 23 24 25
00 00 00 00 00 00 00	Instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incomes, 12 and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient day imposed on patients covered by Medicaid or other indigent care proglif line 24 is yes, enter the charges for patient days beyond the interpretations.	ng charity pital opera adigent car  ty s (see as days beyond gram? ndigent ca uctions)	Uninsured patients 1.00 29,412,57 7,932,33 7,932,33	(sum of lines    Insured patients   2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 211 222 23 24 25 26
00 00 00 00 00 00 00 00	instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hosping Total unreimbursed cost for Medicaid, CHIP and state and local incompensated Care (see instructions for each line)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire faciliates instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written off charity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient dail imposed on patients covered by Medicaid or other indigent care programment in the programment of the charges for patient days beyond the instay limit Total bad debt expense for the entire hospital complex (see instructions)	ng charity bital opera adigent car  ty s (see as  days beyond gram? ndigent ca  uctions) see instruc	Uninsured patients 1.00 29,412,57 7,932,33 7,932,33	(sum of lines    Insured patients   2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 21 22 23 24 25 26 27
00 00 00 00 00 00 00 00 00 01 00	Instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospit Total unreimbursed cost for Medicaid, CHIP and state and local incomes, and 16)  Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility (see instructions) Cost of patients approved for charity care and uninsured discounts instructions) Payments received from patients for amounts previously written officharity care Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient dainposed on patients covered by Medicaid or other indigent care proglif line 24 is yes, enter the charges for patient days beyond the instay limit Total bad debt expense for the entire hospital complex (see instructions)  Medicare allowable bad debts for the entire hospital complex (see instructions)	ty s (see f as  days beyond ogram? ndigent ca  days beyond ogram? ndigent ca  uctions) see instruction	Coare attions are programs Uninsured patients 1.00 29,412,57 7,932,33 7,932,33 I a length are program ettions)	Insured patients   2.00   2   2,655,115   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	20 21 22 23 24 25 26 27 27 28
.00	Instructions for each line) Private grants, donations, or endowment income restricted to funding Government grants, appropriations or transfers for support of hospit Total unreimbursed cost for Medicaid, CHIP and state and local income as a second	ty s (see f as  days beyond ogram? ndigent ca  days beyond ogram? ndigent ca  uctions) see instruction	Coare attions are programs Uninsured patients 1.00 29,412,57 7,932,33 7,932,33 I a length are program ettions)	Insured patients   2.00   2   2,655,115   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	20 21 22 23 24 25 26 27 27 28 29

23. 03	Prepared: 12: 48 pm ed loce - 384
Cost Center Description	12: 48 pm ed close - 3884
Total (col. 1   Reclassificatil Reclassification Col. 1   Reclassificatil Reclassification Col. 2   Reclassificatil Reclassification Col. 3   Reclassificatil Reclassification Col. 3   Reclassificatil Reclassification Col. 3   Reclassificatil Reclassification Col. 3   Reclassification Col. 4   Reclassification Col. 3   Reclassification Col. 4   Reclassificati	12: 48 pm ed close - 3884
Cost Center Description	284 1.00 104 2.00 0 3.00 610 4.00 199 5.05 326 6.00 344 7.00 982 8.00 1012 9.00 1012 9.00 970 10.00 844 11.00 578 13.00 868 14.00 184 15.00 0 17.00 0 23.00 0 23.00 896 23.02 6601 23.03 593 23.04 960 23.05
Col. 2   Col. 3   Col. 4   Col. 2   Col. 3   Col. 4   Col. 2   Col. 3   Col. 4   Col. 5   C	384 1.00 104 2.00 0 3.00 610 4.00 199 5.05 326 6.00 3344 7.00 982 8.00 012 9.00 970 10.00 844 11.00 0 17.00 0 222 16.00 0 17.00 0 23.00 0 23.00 9556 23.02 6601 23.03
Ceneral Service Cost Centers	384 1.00 104 2.00 0 3.00 610 4.00 199 5.05 3326 6.00 324 7.00 982 8.00 970 10.00 844 11.00 578 13.00 844 15.00 14.00 17.00 0 22.00 0 17.00 765 22.00 0 23.00 856 23.02 601 23.03 593 23.04 960 23.05
Col. 4)   Col. 6)   Col. 4)   Col. 6, 052   Col. 6)   Col. 6, 052   Col. 6)   Col. 6, 052   Col. 6)   Col. 6, 052   Col. 6, 052   Col. 6)   Col. 6, 052   Co	384 1.00 104 2.00 0 3.00 610 4.00 199 5.05 326 6.00 3344 7.00 982 8.00 970 10.00 844 11.00 578 13.00 868 14.00 0 17.00 765 22.00 0 23.00 0 23.00 0 23.00 556 23.02 601 23.03 593 23.04 960 23.05
SENERAL SERVICE COST CENTERS	104   2. 00 0   3. 00 610   4. 00 199   5. 05 6. 00 326   6. 00 3344   7. 00 982   8. 00 012   9. 00 970   10. 00 844   11. 00 868   14. 00 17. 00 0   17. 00 0   23. 00 0   23. 00 9556   23. 02 6601   23. 03 593   23. 04 960   23. 05
1. 00	104   2. 00 0   3. 00 610   4. 00 199   5. 05 6. 00 326   6. 00 3344   7. 00 982   8. 00 012   9. 00 970   10. 00 844   11. 00 868   14. 00 17. 00 0   17. 00 0   23. 00 0   23. 00 9556   23. 02 6601   23. 03 593   23. 04 960   23. 05
2.00	104   2. 00 0   3. 00 610   4. 00 199   5. 05 6. 00 326   6. 00 3344   7. 00 982   8. 00 012   9. 00 970   10. 00 844   11. 00 868   14. 00 17. 00 0   17. 00 0   23. 00 0   23. 00 9556   23. 02 6601   23. 03 593   23. 04 960   23. 05
3. 00 00300 OTHER CAP REL COSTS 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL 16, 708, 1911 24, 670, 972 41, 379, 163 -5, 708, 964 35, 670 6. 00 00600 MAINTENANCE & REPAIRS 837, 648 12, 135, 689 2, 973, 337 -111 2, 973 8. 00 00800 LAUNDRY & LI NEN SERVICE 0 0451, 982 451, 982 0 451, 982 8. 00 00800 LAUNDRY & LI NEN SERVICE 10, 00 010000 HOUSEKEEPING 1, 739, 361 986, 651 2, 726, 012 0 2, 726 11. 00 010000 HOUSEKEEPING 1, 739, 361 40, 104, 650 2, 272, 814 -1, 574, 844 697 13. 00 0300 NURSI NG ADMINISTRATION 13. 00 01300 NURSI NG ADMINISTRATION 13. 00 01300 NURSI NG ADMINISTRATION 14. 00 01400 CENTRAL SERVICES & SUPPLY 191, 739 339, 022 530, 761 9-6, 893 431 15. 00 01500 PHARMACY 2, 2874, 776 25, 410, 438 28, 285, 214 -23, 038, 030 5, 247 17. 00 01700 SOCI AL SERVICES & LI BRARY 17. 00 01700 SOCI AL SERVICES & LI BRARY 18. 00 01200 PARAMED ED PROM - CROSTS APPRV 190, 739 42, 142, 155 151, 739 558, 026 709 233. 01 02300 PARAMED ED PROM - SPECIFY) 0 0 02000 IR RS SERVI CES-OTHER PROM COSTS APPRV 233. 01 02300 PARAMED ED PROM - RESP THER 77, 488 22, 586 100, 074 - 23, 473 76 23. 02 02200 IR SR SERVI CES-OTHER PROM COSTS APPRV 23. 01 02300 PARAMED ED PROM - RESP THER 77, 488 122, 586 100, 074 - 23, 473 76 23. 02 03200 PARAMED ED PROM - RESP THER 77, 488 122, 586 100, 074 - 23, 473 76 23. 02 03200 PARAMED ED PROM - LAB 4-1 88, 519 40, 026 128, 545 68, 551 196 23. 03 0303 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 25. 04 02304 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 25. 04 02304 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 26. 04 0304 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 26. 04 0304 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 26. 04 0304 PARAMED ED PROM - LAB 3-1 9, 929 21, 594 30, 893 - 1, 933 28 26. 04 0304 PARAMED ED PROM - LAB 3-1 9, 929 9, 921, 594 30, 893 - 1, 933 28 26. 04 0304 PARAMED ED PROM - LAB 3-1 9, 929 9, 921, 594 30, 893 - 1, 933 28 27. 00 0300 ORDITS RESPUICE COST CENTE	0 3.00 610 4.00 199 5.05 326 6.00 324 7.00 982 8.00 970 10.00 844 11.00 578 13.00 868 14.00 0 17.00 765 22.00 0 23.00 970 23.00 970 23.00 970 23.00
4. 00   00400  EMPLOYEE BENETITS DEPARTMENT   1, 605, 113   945, 324   2, 550, 437   -72, 827   2, 477   5.05   00590   OTHER ADMIN ISTRATIVE AND GENERAL   16, 708, 191   24, 670, 921   41, 379, 163   -5, 708, 964   35, 670   6.00   00600   MAI NTEMANCE & REPAIRS   837, 648   2, 135, 689   2, 973, 337   -11   2, 973   7.00   00700   OFERATION OF PLANT   1, 247, 771   7, 088, 811   8, 336, 582   -1, 238   8, 335   832   -1, 238   -1,	610 4.00 199 5.05 326 6.00 344 7.00 982 8.00 970 10.00 844 11.00 578 13.00 868 14.00 0 17.00 765 22.00 0 23.01 956 23.02 6601 23.03 593 23.04 960 23.05
5. 0	199   5. 05 326   6. 00 344   7. 00 982   8. 00 0112   9. 00 970   10. 00 844   11. 00 578   13. 00 868   14. 00 184   15. 00 0   17. 00 765   22. 00 0   23. 00 896   23. 02 6601   23. 03 593   23. 04 960   23. 05
6. 00   00600   MAINTENANCE & REPAIR IS   837, 648   2, 135, 689   2, 973, 337   11   2, 973   7, 00   7000   OPERATI 10N OF PLANT   1, 247, 771   7, 088, 811   8, 336, 582   -1, 238   8, 335   8. 00   00800   LAUNDRY & LINEN SERVICE   0   451, 982   451, 982   0   451   9. 00   00900   HOUSEKEEPING   1, 739, 361   986, 651   2, 726, 012   0   2, 726   10. 00   1000   DIETARY   1, 231, 164   1, 041, 650   2, 272, 814   -1, 574, 844   697   11. 00   01100   CAFETERI A   0   0   0   0   1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0, 1, 574, 844   1, 574   1. 041, 100   10100   CAFETERI A   0   0   0   0   0   0   0   0   0	326 6.00 344 7.00 982 8.00 012 9.00 970 10.00 578 13.00 868 14.00 17.00 765 22.00 0 17.00 765 22.00 0 23.00 0 23.01 5556 23.02 6601 23.03
7. 00   00700   OPERATION OF PLANT   1,247,771   7,088,811   8,336,582   -1,238   8,336   80   00800   LAUNDRY & LI NEN SERVICE   0   451,982   451,982   451,982   0   451   900   00900   HOUSEKEEPING   1,739,361   986,651   2,726,012   0   2,726   10.00   01000   DIETARY   1,231,164   1,041,650   2,272,814   -1,574,844   697   11.00   10100   CAPTERIA   0   0   0   0   1,574,844   1,574   13.00   01300 NURSI NG ADMINISTRATION   3,707,454   2,321,490   6,028,944   -87,366   5,941   14.00   10400   EENTRAL SERVICES & SUPPLY   191,739   339,022   530,761   -96,893   433   15.00   01500   PHARMACY   2,874,776   25,410,438   28,285,214   -23,038,030   5,247   16.00   01600   MEDICAL RECORDS & LIBRARY   323,660   117,562   441,222   0   441   01700   01700   SOCIAL SERVICES   0   0   0   0   0   0   0   0   0	344 7. 00 982 8. 00 012 9. 00 970 10. 00 844 11. 00 578 13. 00 868 14. 00 184 15. 00 222 16. 00 0 17. 00 765 22. 00 0 23. 00 0 33. 00 956 23. 01 23. 03 593 23. 04 960 23. 05
8. 00   00800   LAINDRY & LINEN SERVICE   0   451, 962   0   451, 962   0   00900   00000   000000   00000000	982 8.00 912 9.00 970 10.00 844 11.00 578 13.00 868 14.00 184 15.00 222 16.00 0 17.00 765 22.00 0 23.00 9556 23.02 601 23.03 593 23.04 960 23.05
9.00 0900 HOUSEKEEPING	012 9.00 970 10.00 844 11.00 5868 14.00 184 15.00 222 16.00 0 17.00 765 22.00 0 23.00 9566 23.02 601 23.03 593 23.04 960 23.05
10. 00   01000   DIETARY   1, 231, 164   1, 041, 650   2, 272, 814   -1, 574, 844   697     11. 00   01100   CAFETERIA   1, 574, 844   1, 574     13. 00   01300   NURSI NG ADMI NI STRATI ON   3, 707, 454   2, 321, 490   6, 028, 944   -87, 366   5, 941     14. 00   01400   CENTRAL SERVICES & SUPPLY   191, 739   339, 022   530, 761   -96, 893   433     15. 00   01500   PHARMIACY   2, 874, 776   25, 410, 438   28, 285, 214   -23, 038, 030   5, 247     16. 00   01600   MEDI CAL RECORDS & LI BRARY   323, 660   0   0   0   0   0     17. 00   01700   SOCI AL SERVICES - OTHER PRGM COSTS APPRV   109, 574   42, 165   151, 739   558, 026   709     22. 00   02200   LAR SERVI CES - OTHER PRGM COSTS APPRV   109, 574   42, 165   151, 739   558, 026   709     23. 01   02301   PARAMIED ED PRGM - LAB 4+1   88, 519   40, 026   128, 545   68, 351   196     23. 02   02302   PARAMIED ED PRGM - RADI OLOGY   64, 333   23, 049   87, 382   -6, 826   80     23. 03   02303   PARAMIED ED PRGM - RADI OLOGY   644, 333   23, 049   87, 382   -6, 826   80     23. 04   02304   PARAMIED ED PRGM - RADI OLOGY   583, 448   198, 024   781, 472   -210, 879   570     23. 05   02305   PARAMIED ED PRGM - LAB 3+1   0   0   0   68, 352   68     10. 00   03000   ADULTS & PEDI ATRICS   16, 664, 975   7, 213, 045   3, 932, 375   -460, 956   3, 471     35. 00   02000   O3000   ADULTS & PEDI ATRICS   17, 464, 768   3, 932, 375   -460, 956   3, 471     35. 00   02000   O3000   NURSERY   0   0   0   0   0     ANO   03000   NURSERY   0   0   0   0   0     0   0   0   0	970 10.00 844 11.00 578 13.00 868 14.00 0 17.00 765 22.00 0 23.00 9556 23.02 2601 23.03 593 23.04 960 23.05
11.00   01100   CAFETERIA   0	844 11. 00 578 13. 00 868 14. 00 184 15. 00 0 17. 00 765 22. 00 0 23. 00 856 23. 02 6601 23. 03 593 23. 04 960 23. 05
13. 00   01300   NURSING ADMINISTRATION   3, 707, 454   2, 321, 490   6, 028, 944   -87, 366   5, 941   14. 00   01400   CENTRAL SERVICES & SUPPLY   191, 739   339, 022   530, 761   -96, 893   433   15. 00   01500   PHARMACY   2, 874, 776   25, 410, 438   28, 285, 214   -23, 038, 030   5, 247   16. 00   01600   MEDI CAL RECORDS & LI BRARY   323, 660   117, 562   441, 222   0   441   17. 00   1700   SOCI AL SERVICE   0   0   0   0   0   0   0   0   0	578 13.00 868 14.00 184 15.00 222 16.00 0 17.00 765 22.00 0 23.00 0 23.01 23.01 23.03 593 23.04 960 23.05
14. 00   01400   CENTRAL SERVICES & SUPPLY   191, 739   339, 022   530, 761   -96, 893   433   15. 00   01500   PHARMACY   2,874, 776   25,410, 438   28, 285, 214   -23, 038, 030   5, 247   16. 00   01600   MEDI CAL RECORDS & LI BRARY   323, 660   117, 562   441, 222   0   441   222   0   0   0   0   0   0   0   0	868 14.00 184 15.00 222 16.00 0 17.00 765 22.00 0 23.00 896 23.01 23.03 593 23.04 960 23.05
15. 00   01500   PHARMACY   2,874,776   25,410,438   28,285,214   -23,038,030   5,247	184   15. 00 222   16. 00 0   17. 00 765   22. 00 0   23. 00 896   23. 01 556   23. 02 601   23. 03 593   23. 04 960   23. 05
16. 00 01400 MEDI CAL RECORDS & LI BRARY 323, 660 117, 562 441, 222 0 0 441 17. 00 070 SOCI AL SERVI CE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	222   16. 00 0   17. 00 765   22. 00 0   23. 00 896   23. 01 556   23. 02 601   23. 03 593   23. 04 960   23. 05
17.00   01700   SOCI AL SERVICE   0   0   0   0   0   0   0   0   22.00   02200   RR SERVICES-OTHER PRGM COSTS APPRV   109, 574   42, 165   151, 739   558, 026   709   02300   PARAMED ED PRGM - (SPECI FY)   0   0   0   0   0   0   0   0   0	0 17. 00 765 22. 00 0 23. 00 896 23. 01 556 23. 02 601 23. 03 593 23. 04 960 23. 05
22 00   02200   RR SERVI CES-OTHER PREM COSTS APPRV   109, 574   42, 165   151, 739   558, 026   709	765   22. 00 0   23. 00 896   23. 01 556   23. 02 601   23. 03 593   23. 04 960   23. 05
23. 00   02300   PARAMED ED PRGM-(SPECI FY)	0 23.00 896 23.01 556 23.02 601 23.03 593 23.04 960 23.05
23. 01 02301 PARAMED ED PRGM - LAB 4+1 88,519 40,026 128,545 68,351 196 23. 02 02302 PARAMED ED PRGM - RADI OLOGY 64,333 23,049 87,382 -6,826 80 23. 03 02303 PARAMED ED PRGM - RESP THER 77,488 22,586 100,074 -23,473 76 23. 04 02304 PARAMED ED PRGM - PHARMACY 583,448 198,024 781,472 -210,879 570 23. 05 02305 PARAMED ED PRGM-PHARMACY 583,448 198,024 781,472 -210,879 570 23. 05 02306 PARAMED ED PRGM - LAB 3+1 0 0 0 0 68,352 68  1	896 23. 01 556 23. 02 601 23. 03 593 23. 04 960 23. 05
23. 02 02302 PARAMED ED PRGM - RADI OLOGY 64, 333 23, 049 87, 382 -6, 826 80 2303 PARAMED ED PRGM - RESP THER 77, 488 22, 586 100, 074 -23, 473 76 23. 04 02304 PARAMED ED PRGM-PHARMACY 583, 448 198, 024 781, 472 -210, 879 570 23. 05 02305 PARAMED ED PRGM-EMT 9, 299 21, 594 30, 893 -1, 933 28 23. 06 02306 PARAMED ED PRGM - LAB 3+1 0 0 0 0 0 68, 352 68 100, 071 100 100 100 100 100 100 100 100 100	556 23. 02 601 23. 03 593 23. 04 960 23. 05
23. 03	601 23. 03 593 23. 04 960 23. 05
23. 04 02304 PARAMED ED PRGM-PHARMACY 583, 448 198, 024 781, 472 -210, 879 570 02305 PARAMED ED PRGM-EMT 9, 299 21, 594 30, 893 -1, 933 28 02 02306 PARAMED ED PRGM - LAB 3+1 0 0 0 0 0 68, 352 68 1NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03100 ADULTS & PEDI ATRI CS 16, 664, 975 7, 213, 045 23, 878, 020 -3, 751, 974 20, 126 31, 00 03100 INTENSI VE CARE UNI T 2, 467, 607 1, 464, 768 3, 932, 375 -460, 956 3, 471 35. 00 02040 NEWBORN INTENSI VE CARE UNI T 872, 638 877, 023 1, 749, 661 -22, 459 1, 727 43. 00 04300 NURSERY 0 0 0 0 0 0 1, 664, 306 1, 664 44. 00 04400 SKI LLED NURSI NG FACI LI TY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	593 23. 04 960 23. 05
23. 05	960 23. 05
23. 06   02306   PARAMED ED PRGM - LAB 3+1   0   0   0   0   68,352   68     INPATI ENT ROUTI NE SERVI CE COST CENTERS     30. 00   03000   ADULTS & PEDI ATRI CS   16,664,975   7,213,045   23,878,020   -3,751,974   20,126     31. 00   03100   INTENSI VE CARE UNI T   2,467,607   1,464,768   3,932,375   -460,956   3,471     35. 00   02040   NEWBORN I INTENSI VE CARE UNI T   872,638   877,023   1,749,661   -22,459   1,727     40. 00   04000   SUBPROVI DER - I PF   2,958,935   995,730   3,954,665   -12,020   3,942     43. 00   04300   NURSERY   0   0   0   0   0     45. 00   04400   SKI LLED NURSI NG FACI LI TY   0   0   0   0     45. 00   04500   NURSI NG FACI LI TY   0   0   0   0     50. 01   05001   0PEN THEART SURGERY   0   0   0   0     50. 02   05002   0UTPATI ENT SURGERY   0   0   0   0     50. 00   05000   RECOVERY ROOM   296,785   145,237   442,022   -11,430   430     53. 00   05400   RECOVERY ROOM   296,785   145,237   442,022   -11,430   430     54. 00   05401   RADI OLOGY - DI AGNOSTI C   1,189,752   466,675   1,656,427   -183,291   1,473     54. 00   05402   RADI OLOGY - DI AGNOSTI C   1,189,752   466,675   1,656,427   -183,291   1,473     55. 00   05500   RADI OLOGY - THERAPEUTI C   0   0   0     50. 00   05500   RADI OLOGY - THERAPEUTI C   0   0   0     50. 00   05500   05500   RADI OLOGY - THERAPEUTI C   0   0   0     50. 00   0550	
INPATIENT ROUTINE SERVICE COST CENTERS   16, 664, 975   7, 213, 045   23, 878, 020   -3, 751, 974   20, 126   31. 00   03100   INTENSI VE CARE UNI T   2, 467, 607   1, 464, 768   3, 932, 375   -460, 956   3, 471   35. 00   02040   NEWBORN I INTENSI VE CARE UNI T   872, 638   877, 023   1, 749, 661   -22, 459   1, 727   43. 00   04000   SUBPROVI DER - I PF   2, 958, 935   995, 730   3, 954, 665   -12, 020   3, 942   43. 00   04400   NURSERY   0   0   0   0   0   0   0   0   0	
30. 00	352 23. 06
31. 00	244
35. 00   02040   NEWBORN I NTENSI VE CARE UNI T   872, 638   877, 023   1, 749, 661   -22, 459   1, 727   40. 00   04000   SUBPROVI DER - I PF   2, 958, 935   995, 730   3, 954, 665   -12, 020   3, 942   43. 00   04300   NURSERY   0   0   0   0   0   0   0   0   0	•
40. 00	
43. 00	
44. 00	•
45. 00	•
ANCILLARY SERVICE COST CENTERS  50. 00	0 44.00
50. 00         05000         OPERATI NG ROOM         856, 234         3, 927, 389         4, 783, 623         -2, 871, 664         1, 911           50. 01         05001         OPEN HEART SURGERY         0         0         0         0         0           50. 02         05002         OUTPATI ENT SURGERY         774, 819         395, 133         1, 169, 952         -241, 944         928           51. 00         05100         RECOVERY ROOM         296, 785         145, 237         442, 022         -11, 430         430           53. 00         05300         ANESTHESI OLOGY         34, 735         3, 832, 612         3, 867, 347         -139, 682         3, 727           54. 00         05400         RADI OLOGY-DI AGNOSTI C         1, 189, 752         466, 675         1, 656, 427         -183, 291         1, 473           54. 01         05401         RADI OLOGY SPECI AL PROCEDURES         610, 588         879, 767         1, 490, 355         -690, 249         800           54. 02         05402         ULTRASOUND         398, 243         256, 462         654, 705         -9, 661         645           55. 00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         0	0 45.00
50. 01         05001         0PEN HEART SURGERY         0         0         0         0         0           50. 02         05002         0UTPATI ENT SURGERY         774, 819         395, 133         1, 169, 952         -241, 944         928           51. 00         05100         RECOVERY ROOM         296, 785         145, 237         442, 022         -11, 430         430           53. 00         05300         ANESTHESI OLOGY         34, 735         3, 832, 612         3, 867, 347         -139, 682         3, 727           54. 00         05400         RADI OLOGY-DI AGNOSTI C         1, 189, 752         466, 675         1, 656, 427         -183, 291         1, 473           54. 01         05401         RADI OLOGY SPECI AL PROCEDURES         610, 588         879, 767         1, 490, 355         -690, 249         800           54. 02         05402         ULTRASOUND         398, 243         256, 462         654, 705         -9, 661         645           55. 00         05500         RADI OLOGY-THERAPEUTI C         0         0         0         0         0	959 50.00
50. 02     05002     OUTPATI ENT SURGERY     774, 819     395, 133     1, 169, 952     -241, 944     928       51. 00     05100     RECOVERY ROOM     296, 785     145, 237     442, 022     -11, 430     430       53. 00     05300     ANESTHESI OLOGY     34, 735     3, 832, 612     3, 867, 347     -139, 682     3, 727       54. 00     05400     RADI OLOGY SPECI AL PROCEDURES     610, 588     879, 767     1, 490, 355     -690, 249       54. 01     05401     ULTRASOUND     398, 243     256, 462     654, 705     -9, 661     645       55. 00     05500     RADI OLOGY-THERAPEUTI C     0     0     0     0     0	0 50.00
51. 00       05100       RECOVERY ROOM       296, 785       145, 237       442, 022       -11, 430       430         53. 00       05300       ANESTHESI OLOGY       34, 735       3, 832, 612       3, 867, 347       -139, 682       3, 727         54. 00       05400       RADI OLOGY-DI AGNOSTI C       1, 189, 752       466, 675       1, 656, 427       -183, 291       1, 473         54. 01       05401       RADI OLOGY SPECI AL PROCEDURES       610, 588       879, 767       1, 490, 355       -690, 249       800         54. 02       05402       ULTRASOUND       398, 243       256, 462       654, 705       -9, 661       645         55. 00       05500       RADI OLOGY-THERAPEUTI C       0       0       0       0       0	•
53. 00     05300     ANESTHESI OLOGY     34, 735     3, 832, 612     3, 867, 347     -139, 682     3, 727       54. 00     05400     RADI OLOGY-DI AGNOSTI C     1, 189, 752     466, 675     1, 656, 427     -183, 291     1, 473       54. 01     05401     RADI OLOGY SPECI AL PROCEDURES     610, 588     879, 767     1, 490, 355     -690, 249     800       54. 02     05402     ULTRASOUND     398, 243     256, 462     654, 705     -9, 661     645       55. 00     05500     RADI OLOGY-THERAPEUTI C     0     0     0     0     0	•
54. 00     05400     RADI OLOGY-DI AGNOSTI C     1, 189, 752     466, 675     1, 656, 427     -183, 291     1, 473       54. 01     05401     RADI OLOGY SPECI AL PROCEDURES     610, 588     879, 767     1, 490, 355     -690, 249     800       54. 02     05402     ULTRASOUND     398, 243     256, 462     654, 705     -9, 661     645       55. 00     05500     RADI OLOGY-THERAPEUTI C     0     0     0     0     0	•
54. 01     05401     RADI OLOGY SPECI AL PROCEDURES     610, 588     879, 767     1, 490, 355     -690, 249     800       54. 02     05402     ULTRASOUND     398, 243     256, 462     654, 705     -9, 661     645       55. 00     05500     RADI OLOGY-THERAPEUTI C     0     0     0     0     0	•
54. 02   05402   ULTRASOUND   398, 243   256, 462   654, 705   -9, 661   645   655. 00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0   0	1
55. 00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0	•
	0 55.00
55. 01   05501   COMPUTED   TOMOGRAPHY 438, 532 571, 752 1, 010, 284 -124, 879 885	
57. 00   05700   CT SCAN   0   0   0   0	0 57.00
58. 00   05800   MRI   0   0   0   0	0 58.00
59. 00   05900   CARDI AC CATHETERI ZATI ON   0   0   0   0	0 59.00
60. 00   06000   LABORATORY   0   8, 342, 284   8, 342, 284   -136, 905   8, 205	379 60.00
60. 01   06001   BLOOD LABORATORY   0   0   0   0	0 60.01
	316 63.00
63. 01   06301   NUCLEAR MEDICINE   154, 861   248, 640   403, 501   -72, 298   331	
65. 00   06500   RESPI RATORY THERAPY   1, 086, 248   1, 822, 979   2, 909, 227   -37, 395   2, 871	832 65.00
66. 00   06600   PHYSI CAL THERAPY 2, 637, 733 792, 972 3, 430, 705 -430, 510 3, 000	
67. 00   06700   0CCUPATI ONAL THERAPY 567, 128 245, 029 812, 157 63, 231 875	
68. 00   06800   SPEECH PATHOLOGY   280, 477   115, 356   395, 833   12, 155   407	
69. 00   06900   ELECTROCARDI OLOGY   376, 767   607, 070   983, 837   -8, 338   975	
	962 70.00
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENT   0   0   6,539,618   6,539	•
72. 00   07200   I MPL. DEV. CHARGED TO PATIENTS   0 0 0 3, 104, 055 3, 104	•
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   23, 785, 270   23, 785	)701 72 00
76. 00   03020   PAIN CLINIC   0 0 0 0	•
76. 01   03950   ORTHOPEDI CS   0   0   0   0	0 76.00
76. 02 03140 CARDI OVASCULAR SERVI CES 763, 873 1, 872, 409 2, 636, 282 -1, 713, 914 922	0 76. 00 0 76. 01
	0 76. 00 0 76. 01 368 76. 02
76. 04   03190   RADI ATI ON ONCOLOGY   0   0   0   0   0   0   0   0   0	0 76. 00 0 76. 01 368 76. 02 624 76. 03
76. 05   03951   MRI   140, 028   121, 144   261, 172   -8, 301   252	0 76.00 0 76.01 368 76.02 624 76.03 0 76.04
76. 06   03952   BARI ATRI C CENTER   0   0   0   0   0   0   0   0   0	0 76.00 0 76.01 368 76.02 624 76.03 0 76.04 871 76.05
76. 07   03550   PSYCH ACTIVITY THERAPY 0   3, 350, 875   3, 350, 875   0   3, 350	0 76. 00 0 76. 01 368 76. 02 624 76. 03 0 76. 04 871 76. 05 0 76. 06
	0 76. 00 0 76. 01 368 76. 02 624 76. 03 0 76. 04 871 76. 05 0 76. 06 875 76. 07
	0 76. 00 0 76. 01 368 76. 02 624 76. 03 0 76. 04 871 76. 05 0 76. 06 875 76. 07 174 76. 08
76. 10   03955   INFUSION   2, 139, 392   1, 817, 515   3, 956, 907   -295, 697   3, 661   76. 11   03956   CARE TRANSITION CENTER   6, 237   0   6, 237   0   6	0 76. 00 0 76. 01 368 76. 02 624 76. 03 0 76. 04 871 76. 05 0 76. 06 875 76. 07 174 76. 08 663 76. 09
76. 11  03956  CARE TRANSI TI ON CENTER   6, 237  0  6, 237  0  6	0 76. 00 0 76. 01 368 76. 02 624 76. 03 0 76. 04 871 76. 05 0 76. 06 875 76. 07 174 76. 08 663 76. 09

Health Financial Systems	FRANCI SCAN HEAL	TH HAMMOND		Inlie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O		Provi der CO		Period: From 01/01/2020	Worksheet A	1002 10
				o 12/31/2020	Date/Time Pre 7/29/2021 12:	
Cost Center Description	Sal ari es	Other	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	
76. 12 03958 ANTI COAGULATION CLINIC	313, 772	243, 371	557, 143	-15, 734	541, 409	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00   08800   RURAL HEALTH CLINIC	0	0	C	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0	0	89. 00
90. 00   09000   CLI NI C	0	0	C	0	0	90.00
90. 01   09001 OCC HEALTH CLINIC	121, 264	215, 416	336, 680	-25, 924	310, 756	90. 01
90. 02   09002   CARDI OLOGY   CLI NI C	o	0	C	ol	0	90. 02
90. 03   09003   SPECIALTY CLINIC	23, 003	27, 843	50, 846	-2, 101	48, 745	90. 03
91. 00 09100 EMERGENCY	8, 709, 909	3, 587, 892	12, 297, 801	-679, 519	11, 618, 282	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	C	0	0	99. 00
99. 10 09910 CORF	o	0	C	ol	0	99. 10
101.00 10100 HOME HEALTH AGENCY	5, 510, 443	2, 750, 965	8, 261, 408	-147, 354	8, 114, 054	101. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		217, 167	217, 167	3, 328, 119	3, 545, 286	113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	82, 331, 815	122, 806, 327	205, 138, 142	0	205, 138, 142	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32, 315	41, 773	74, 088	0	74, 088	
190. 01 19001 CONVENT	0	11, 802	11, 802	0	11, 802	
190. 02 19002 HOME MEDICAL EQUIPMENT	0	0	C	0		190. 02
190.03 19003 MEDICAL ARTS BUILDING	0	176, 200	176, 200	0	176, 200	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	44, 206	13, 552	57, 758	0	57, 758	
190. 05 19005 DEVELOPMENT	0	0	C	0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	325, 641	81, 785	407, 426	0	407, 426	190. 06
190. 07 19007 I MAGE RECOVERY	0	0	C	0	0	190. 07
190. 08 19008 FAMILY SERVICES	0	0	C	0	0	190. 08
190. 09 19009 MDWI SE	0	0	C	0	0	190. 09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	C	0	0	190. 10
190. 11 19011 CENTER OF HOPE	49, 966	6, 389	56, 355	0	56, 355	190. 11
190. 12 19012 SELECT	0	0	C	0	0	190. 12
190. 13 19013 PERCI NI AS	0	0	C	0	0	190. 13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	57, 087	-1, 814, 584	-1, 757, 497	o o	-1, 757, 497	192. 00
192. 01 19201 WORKI NG WELL	379, 763	288, 986	668, 749	ol	668, 749	
193. 00 19300 NONPALD WORKERS	O	0	C	ol	0	193. 00
194. 01 07951 REHAB	o	1, 964	1, 964	l ol	1, 964	194. 01
200.00 TOTAL (SUM OF LINES 118 through 199)	83, 220, 793	121, 614, 194	204, 834, 987	r o	204, 834, 987	200. 00

Period: Worksheet A From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm

				7/29/2021 12:	48 pm
	Cost Center Description	Adj ustments	Net Expenses		
			For Allocation		
	GENERAL SERVICE COST CENTERS	6.00	7. 00		
1. 00	00100 CAP REL COSTS-BLDG & FLXT	2, 899, 362	8, 951, 746		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	4, 604, 104		2. 00
3.00	00300 OTHER CAP REL COSTS	0	0		3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	2, 671, 343	5, 148, 953		4.00
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL	-3, 230, 367	32, 439, 832		5. 05
6.00	00600 MAINTENANCE & REPAIRS	-4, 027	2, 969, 299		6. 00
7. 00	00700 OPERATION OF PLANT	0	8, 335, 344		7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	451, 982		8. 00
9.00	00900 HOUSEKEEPI NG	0	2, 726, 012		9.00
10.00	01000 DI ETARY	-253, 590	444, 380		10.00
11.00	01100 CAFETERI A	-500, 160	1, 074, 684		11.00
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	-228, 660 470, 812	5, 712, 918 904, 680		13. 00 14. 00
15. 00	01500 PHARMACY	-184, 589	5, 062, 595		15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	863, 822	1, 305, 044		16. 00
17. 00	01700 SOCIAL SERVICE	000,022	0		17. 00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	306, 472	1, 016, 237		22. 00
23. 00	02300 PARAMED ED PRGM-(SPECIFY)	0	0		23. 00
23. 01	02301 PARAMED ED PRGM - LAB 4+1	O	196, 896		23. 01
23. 02	02302 PARAMED ED PRGM - RADIOLOGY	0	80, 556		23. 02
23. 03	02303 PARAMED ED PRGM - RESP THER	0	76, 601		23. 03
23. 04	02304 PARAMED ED PRGM-PHARMACY	0	570, 593		23. 04
23. 05	02305 PARAMED ED PRGM-EMT	0	28, 960		23. 05
23. 06	02306 PARAMED ED PRGM - LAB 3+1	0	68, 352		23. 06
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	E02 440	10 422 424		30.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	-502, 410			30.00
35. 00	02040 NEWBORN INTENSIVE CARE UNIT	-98, 422 0	3, 372, 997 1, 727, 202		35. 00
40. 00	04000 SUBPROVI DER - I PF	2, 336, 478	6, 279, 123		40.00
43. 00	04300 NURSERY	2, 330, 470	1, 664, 306		43.00
44. 00	04400 SKILLED NURSING FACILITY	o	0		44. 00
45.00	04500 NURSING FACILITY	0	O		45. 00
	ANCILLARY SERVICE COST CENTERS	<b>'</b>	<u> </u>		1
50.00	05000 OPERATING ROOM	-590, 588	1, 321, 371		50.00
50. 01	05001 OPEN HEART SURGERY	0	0		50. 01
50. 02	05002 OUTPATI ENT SURGERY	0	928, 008		50. 02
51. 00	05100 RECOVERY ROOM	0	430, 592		51.00
53.00	05300 ANESTHESI OLOGY	0	3, 727, 665		53.00
54.00	05400   RADI OLOGY - DI AGNOSTI C	-132, 409	1, 340, 727		54.00
54. 01 54. 02	05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND	-11, 626	800, 106		54. 01 54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C	-11,020	633, 418		55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	-184, 667	700, 738		55. 01
57. 00	05700 CT SCAN	0	0		57. 00
58. 00	05800 MRI	o	o		58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	O		59.00
60.00	06000 LABORATORY	-2, 112, 917	6, 092, 462		60.00
60. 01	06001 BLOOD LABORATORY	0	o		60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	-1, 168	148		63.00
63. 01	06301 NUCLEAR MEDICINE	-6, 592	324, 611		63. 01
65. 00	06500 RESPI RATORY THERAPY	-32, 453	2, 839, 379		65. 00
66. 00	06600 PHYSI CAL THERAPY	-10, 343	2, 989, 852		66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	-1, 438	873, 950		67.00
68. 00 69. 00	06800 SPEECH PATHOLOGY	0 414 759	407, 988 560, 741		68. 00 69. 00
70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-414, 758 -2, 166	48, 796		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	-2, 100	6, 539, 618		71.00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	3, 104, 055		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	23, 785, 270		73.00
76. 00	03020 PAIN CLINIC	ő	0		76. 00
76. 01	03950 ORTHOPEDI CS	o	0		76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	-233, 888	688, 480		76. 02
76. 03	03957 CARDI AC REHABI LI TATI ON	-2, 924	408, 700		76. 03
76. 04	03190 RADI ATI ON ONCOLOGY	0	0		76. 04
76. 05	03951 MRI	-34, 385	218, 486		76. 05
76. 06	03952 BARI ATRI C CENTER	0	0		76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	-373, 184	2, 977, 691		76. 07
	03953 WOUND CARE	-1, 991	291, 183		76. 08
76. 08	lease decide productions				76.09
76. 08 76. 09	03954 RENAL DI ALYSI S	7 050	819, 663		
76. 08 76. 09 76. 10	03955 I NFUSI ON	-7, 959	3, 653, 251		76. 10
76. 08 76. 09 76. 10 76. 11	1	-			

 
 Health Financial
 Systems
 FRANCISCAN

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10 Provider CCN: 15-0004

| Peri od: | Worksheet A | From 01/01/2020 | To 12/31/2020 | Date/Time Prepared:

			To 12/31/2020 Date/Tim	e Prepared: 1 12:48 pm
Cost Center Description	Adjustments	Net Expenses	11211202	1 12. 10 pm
'		or Allocation		
	6.00	7. 00		
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89. 00
90. 00  09000 CLINIC	0	0		90.00
90. 01  09001 OCC HEALTH CLINIC	-1, 106	309, 650		90. 01
90. 02   09002   CARDI OLOGY   CLI NI C	0	0		90. 02
90. 03   09003   SPECIALTY CLINIC	0	48, 745		90. 03
91. 00   09100   EMERGENCY	-1, 293, 830	10, 324, 452		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				92. 00
OTHER REIMBURSABLE COST CENTERS				
99. 00 09900 CMHC	0	0		99. 00
99. 10   09910   CORF	0	0		99. 10
101.00 10100 HOME HEALTH AGENCY	-3, 856	8, 110, 198		101. 00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 I NTEREST EXPENSE	-3, 545, 286	0		113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-4, 468, 941	200, 669, 201		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74, 088		190. 00
190. 01 19001 CONVENT	0	11, 802		190. 01
190. 02 19002 HOME MEDICAL EQUIPMENT	0	0		190. 02
190.03 19003 MEDICAL ARTS BUILDING	0	176, 200		190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	57, 758		190. 04
190. 05 19005 DEVELOPMENT	0	0		190. 05
190.06 19006 NEUROSURGERY PROF SERVICES	0	407, 426		190. 06
190.07 19007 I MAGE RECOVERY	0	0		190. 07
190. 08 19008 FAMILY SERVICES	0	0		190. 08
190. 09 19009 MDWI SE	0	0		190. 09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0		190. 10
190.11 19011 CENTER OF HOPE	0	56, 355		190. 11
190. 12 19012 SELECT	0	0		190. 12
190. 13 19013 PERCI NI AS	0	0		190. 13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	-1, 757, 497		192. 00
192. 01 19201 WORKI NG WELL	0	668, 749		192. 01
193.00 19300 NONPALD WORKERS	0	0		193. 00
194. 01 07951 REHAB	0	1, 964		194. 01
200.00   TOTAL (SUM OF LINES 118 through 199)	-4, 468, 941	200, 366, 046		200. 00

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6 From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm Provider CCN: 15-0004

Cost Centrer						2021 12:48 pm
CODE   TAX   CODE   3.00   4.00   5.00						
1.00						
1.00			3.00	4.00	3.00	
IDIANS	1.00	CAP REL COSTS-MVBLE EQUIP	2. 00	0	4, 604, 104	1. 00
S.	2.00					2. 00
1.00				0	7, 253, 578	
TOTALS	1 00		11 00	853 080	721 764	1 00
1.00	1.00					1.00
2. 00   FINE NAME   0.00   0   1,141,767   1.00   1				3337333	. = . ,	
2.00   Totals	1.00		5. 05	0	1, 141, 767	1. 00
TOTALS	2 00	GENERAL	0.00		0	2.00
0 - CHARCEABLE SUPPLIES   71 .00   9 .000 .171   2 .00   2 .00   3 .00   4 .	2.00	TOTALS — — — —				2.00
MEDICAL SUPPLIES CHARGED TO				<u> </u>	1, 141, 707	
2.00 4.00 6.00 6.00 6.00 6.00 6.00 6.00 6	1.00		71. 00	0	9, 060, 171	1. 00
3.00 4.00 5.00 6.00 6.00 6.00 6.00 6.00 6.00 6		PATI ENT		_	_	
4.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00						
5. 00 6. 00 7. 00 9. 00						
6.00						
8.00 9.00 10.00 10.00 10.00 0.00 0.00 0.0	6.00		0.00	0		6. 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 11.00 1						
10.00   0.00   0.00   0   0.00   0   11.00   12.00   12.00   12.00   12.00   12.00   12.00   12.00   12.00   12.00   12.00   12.00   14.00   14.00   14.00   14.00   14.00   16.00   1						
11.00						
12 00						
14. 00 15. 00 16. 00 16. 00 16. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 20						
15 00     15 00     15 00     15 00     16 00     16 00       17 00       18 00						
16. 00 17. 00 18. 00 19. 00 19. 00 20						
17, 00   0, 00   0, 00   0   0   18, 00   19, 00   19, 00   10,						
18. 00 19. 00 20						
19.00   0.00   0.00   0   0   19.00   22.00						•
1.00   22.00   23.00   20.00   0.00   0.00   22.00   22.00   22.00   22.00   22.00   22.00   22.00   22.00   22.00   22.00   22.00   23.00   24.00   25.00   25.00   26.00   25.00   26.00   26.00   27.00   26.00   27.00   28.00   29.00   20.00   29.00			0.00	О		
22 00   23 00   0 0 0 0 0 0 0 0 0 23 00 24 00 25 00 26 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
23.00						•
24 .00     24 .00     25 .00     26 .00     26 .00     26 .00     26 .00     27 .00     28 .00     28 .00     27 .00     28 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     29 .00     20 .00   20 .00     20 .00     20 .00     20 .00     20 .00     20 .00   20 .00     20 .00     20 .00     20 .00     20 .00     20 .00   20 .00     20 .00     20 .00     20 .00     20 .00     20 .00   20 .00     20 .00     20 .00     20 .00     20 .00     20 .00   20 .00     20 .00   20 .00     20 .00   20 .00     20 .00     20 .00     20 .00     20 .00     20 .00     20 .00     20 .00     2						
25.00   26.00   26.00   26.00   26.00   26.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   27.00   28.00   28.00   28.00   28.00   28.00   29.00   30.00   30.00   30.00   30.00   31.00   33.0						
27, 00						
28.00     0.00   0   0   0   29.00   30.00   31.00   32.00   33.00						•
29.00						
30.00						
31.00						
32.00   33.00   34.00   35.00   0.0						
34. 00 35. 00    TOTALS						
35.00     0.00   0   0.00   0   0.00   0						
TOTALS   E - PHARMACY   DRUGS CHARGED TO PATIENTS   73.00   0   23,785,270   1.00   2.00   3.00   4.00   5.00   6.00   6.00   7.00   0   0   0   0   0   0   0   0   0						
1. 00	35.00	TOTALS — — — —				35.00
1. 00   DRUGS CHARGED TO PATIENTS   73.00   0   23,785,270   2.00   2.00   2.00   0   0   0   0   0   0   0   0   0				U <sub>I</sub>	9,000,171	
3.00       0.00       0       0       3.00         4.00       0.00       0       0       4.00         5.00       0.00       0       0       5.00         6.00       0.00       0       0       6.00         7.00       0.00       0       0       0       7.00         8.00       0.00       0       0       0       8.00         9.00       0.00       0       0       9.00       10.00         10.00       0.00       0       0       10.00       11.00         11.00       0.00       0       0       0       11.00       11.00         12.00       0.00       0       0       0       12.00       12.00       13.00       14.00       14.00       14.00       15.00       14.00       15.00       16.00       15.00       16.00       15.00       16.00       17.00       18.00       19.00	1.00			0	23, 785, 270	1. 00
4.00       0.00       0       0       4.00         5.00       0.00       0       0       5.00         6.00       0.00       0       0       6.00         7.00       0.00       0       0       7.00         8.00       0.00       0       0       0       7.00         8.00       0.00       0       0       0       9.00         10.00       0.00       0       0       0       9.00         11.00       0.00       0       0       0       10.00         11.00       0.00       0       0       0       11.00         12.00       0.00       0       0       0       11.00         13.00       0.00       0       0       0       12.00         13.00       0.00       0       0       0       13.00         14.00       0.00       0       0       0       14.00         15.00       0.00       0       0       0       15.00         16.00       0.00       0       0       0       17.00         18.00       0.00       0       0       0       0       19.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>						1
5.00       0.00       0       0       0       5.00         6.00       0.00       0       0       6.00         7.00       0.00       0       0       7.00         8.00       0.00       0       0       7.00         8.00       0.00       0       0       9.00         10.00       0.00       0       0       9.00         10.00       0.00       0       0       10.00         11.00       0.00       0       0       11.00         12.00       0.00       0       0       12.00         13.00       0.00       0       0       12.00         13.00       0.00       0       0       14.00         15.00       0.00       0       0       15.00         16.00       0.00       0       0       15.00         18.00       0.00       0       0       17.00         18.00       0.00       0       0       0       19.00         20.00       0.00       0       0       0       20.00         21.00       0.00       0       0       0       22.00						1
6.00       0.00       0       0       6.00         7.00       0.00       0       0       7.00         8.00       0.00       0       0       8.00         9.00       0.00       0       0       9.00         10.00       0.00       0       0       10.00         11.00       0.00       0       0       11.00         12.00       0.00       0       0       11.00         13.00       0.00       0       0       12.00         13.00       0.00       0       0       13.00         14.00       0.00       0       0       14.00         15.00       0.00       0       0       15.00         16.00       0.00       0       0       15.00         17.00       0.00       0       0       17.00         18.00       0.00       0       0       17.00         18.00       0.00       0       0       0         20.00       0.00       0       0       0         21.00       0.00       0       0       0         22.00						
7.00         0.00         0         0         7.00           8.00         0.00         0         0         8.00           9.00         0.00         0         0         9.00           10.00         0.00         0         0         10.00           11.00         0.00         0         0         11.00           12.00         0.00         0         0         12.00           13.00         0.00         0         0         13.00           14.00         0.00         0         0         13.00           15.00         0.00         0         0         15.00           16.00         0.00         0         0         15.00           16.00         0.00         0         0         17.00           18.00         0.00         0         0         18.00           19.00         0.00         0         0         0           20.00         0.00         0         0         0           21.00         0.00         0         0         0           22.00         0.00         0         0         0				1		1
8. 00       0. 00       0       0       0       9. 00         9. 00       0. 00       0       0       9. 00         10. 00       0. 00       0       0       10. 00         11. 00       0. 00       0       0       11. 00         12. 00       0. 00       0       0       0       12. 00         13. 00       0. 00       0       0       0       13. 00       14. 00       13. 00       14. 00       15. 00       16. 00       15. 00       16. 00       17. 00       16. 00       17. 00       16. 00       17. 00       18. 00       17. 00       18. 00       19. 00       19. 00       20. 00       20. 00       20. 00       20. 00       20. 00       21. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       22. 00       23.						
10.00     0.00     0     0     10.00       11.00     0.00     0     0     11.00       12.00     0.00     0     0     12.00       13.00     0.00     0     0     13.00       14.00     0.00     0     0     14.00       15.00     0.00     0     0     15.00       16.00     0.00     0     0     16.00       17.00     0.00     0     0     17.00       18.00     0.00     0     0     18.00       19.00     0.00     0     0     19.00       20.00     0.00     0     0     20.00       21.00     0.00     0     0     0       22.00     0.00     0     0     0						
11. 00     0.00     0     0     11. 00       12. 00     0.00     0     0     12. 00       13. 00     0. 00     0     0     13. 00       14. 00     0. 00     0     0     0     14. 00       15. 00     0. 00     0     0     0     15. 00       16. 00     0. 00     0     0     0     16. 00       17. 00     0. 00     0     0     0     17. 00       18. 00     0. 00     0     0     0     18. 00       19. 00     0. 00     0     0     0     19. 00       20. 00     0. 00     0     0     0     21. 00       22. 00     0. 00     0     0     0     0						
12.00     0.00     0     0     12.00       13.00     0.00     0     0     13.00       14.00     0.00     0     0     14.00       15.00     0.00     0     0     15.00       16.00     0.00     0     0     16.00       17.00     0.00     0     0     17.00       18.00     0.00     0     0     18.00       19.00     0.00     0     0     19.00       20.00     0.00     0     0     20.00       21.00     0.00     0     0     0       22.00     0.00     0     0     0						
13.00     0.00     0     0     13.00       14.00     0.00     0     0     14.00       15.00     0.00     0     0     15.00       16.00     0.00     0     0     16.00       17.00     0.00     0     0     17.00       18.00     0.00     0     0     18.00       19.00     0.00     0     0     19.00       20.00     0.00     0     0     20.00       21.00     0.00     0     0     0       22.00     0.00     0     0     0						
14.00     0.00     0     0     14.00       15.00     0.00     0     0     15.00       16.00     0.00     0     0     16.00       17.00     0.00     0     0     17.00       18.00     0.00     0     0     18.00       19.00     0.00     0     0     19.00       20.00     0.00     0     0     20.00       21.00     0.00     0     0     0       22.00     0.00     0     0     0						
16. 00     0. 00     0     0     16. 00       17. 00     0. 00     0     0     17. 00       18. 00     0. 00     0     0     18. 00       19. 00     0. 00     0     0     19. 00       20. 00     0. 00     0     0     20. 00       21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     0					0	
17. 00     0. 00     0     0     17. 00       18. 00     0. 00     0     0     18. 00       19. 00     0. 00     0     0     19. 00       20. 00     0. 00     0     0     20. 00       21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     22. 00				1		
18. 00     0. 00     0     0     18. 00       19. 00     0. 00     0     0     19. 00       20. 00     0. 00     0     0     20. 00       21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     0						
19.00     0.00     0     0     19.00       20.00     0.00     0     0     20.00       21.00     0.00     0     0     21.00       22.00     0.00     0     0     22.00						
20. 00     0. 00     0     0     20. 00       21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     22. 00						
21. 00     0. 00     0     0     21. 00       22. 00     0. 00     0     0     22. 00						
	21. 00		0.00	o	0	21. 00
23.00   0,00  0  0  23.00						
	23. 00	1	0.00	0	0	23.00

Peri od: Worksheet A-6 From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm

					10 127	7/29/2021 12: 48 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5. 00		
24. 00		0.00		0		24. 00
	TOTALS  F - RADI OLOGY ADMI NI STRATI ON		0	23, 785, 270		
1. 00	NUCLEAR MEDICINE	63, 01	5, 357	0		1, 00
2. 00	UL TRASOUND	54. 02	53, 731	0		2.00
3.00	NUCLEAR MEDICINE	63. 01	90, 812	0		3.00
4. 00	RADI OLOGY SPECIAL PROCEDURES	54. 01	7, 695	0		4. 00
5. 00	MRI	76. 05	12, 313	0		5. 00
5.00	TOTALS — — — —		169, 908	— — <u> </u>		3.00
	G - MEDICAL EDUCATION		107, 700			
1.00	I &R SERVICES-OTHER PRGM	22. 00	0	558, 026		1. 00
	COSTS APPRV			333, 323		
	TOTALS			558, 026		
	H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB 4+1	23. 01	0	68, 352		 1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	o	6, 826		2. 00
3.00	RESPIRATORY THERAPY	65.00	o	23, 473		3. 00
4.00	PHARMACY	15. 00	22, 348	188, 531		4. 00
5.00	PARAMED ED PRGM - LAB 3+1	23. 06	0	68, 352		5. 00
	TOTALS		22, 348	355, 534		
	I - PROFESSI ONAL SUPPORT SERVI	CES				
1.00	RESPI RATORY THERAPY	65.00	168, 578	57, 063		1.00
2.00	OCCUPATI ONAL THERAPY	67.00	51, 173	17, 322		2. 00
3.00	SPEECH PATHOLOGY	68. 00	28, 886	9, 778		3. 00
4.00	CARDI AC REHABI LI TATI ON	<u></u>	2 <u>2, 1</u> 33	7, 492		4. 00
	TOTALS		270, 770	91, 655		
	J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	•	18, 000		1.00
	TOTALS			18, 000		
	K - NURSERY	40.00	4 0/5 0/4	500.045		4.00
1. 00	NURSERY	43.00	1, 065, 041	<u>599, 265</u>		1. 00
	TOTALS		1, 065, 041	599, 265		
1 00	L - RENAL DIALYSIS	7/ 00	457 240	2/2 222		1 00
1. 00	RENAL DI ALYSI S		457, 340 457, 340	36 <u>2, 323</u> 362, 323		1.00
	M - IMPLANTABLE DEVICES		437, 340	302, 323		
1. 00	IMPL. DEV. CHARGED TO	72, 00	O	3, 104, 055		1.00
1.00	PATIENTS	72.00	٥	3, 104, 000		1.00
2.00	TATTENTS	0.00	o	0		2. 00
2.00	TOTALS — — —		— — <del>ў</del>	3, 104, 055		2.00
	N - SPECIALTY CLINIC		<u> </u>	07 10 17 000		
1.00	SPECIALTY CLINIC	90. 03	0	1, 238		1.00
	TOTALS			1, 238		
	O - INTEREST EXPENSE		-,	,		
1.00	INTEREST EXPENSE	113.00	0	3, 578, 670		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	O	220, 598		2.00
	TOTALS			3, 799, 268		
	P - MISC A&G					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5, 731		1. 00
2.00	OTHER ADMINISTRATIVE AND	5. 05	0	3, 560		2. 00
	GENERAL					
	TOTALS		0	9, 291		
	Q - CATH LAB RECOVERY					
1.00	CARDI OVASCULAR SERVI CES	<u>76.</u> 02	203, 290	<u>82, 1</u> 13		1. 00
	TOTALS		203, 290	82, 113		
500.00	Grand Total: Increases		3, 041, 777	50, 943, 318		500.00

| Period: | Worksheet A-6 | From 01/01/2020 | To 12/31/2020 | Date/Time Prepared: 7/29/2021 12: 48 pm

						7/29/2021 12	:48 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
4 00	A - CAPITAL	4 00	ما	1 (01 101			1 00
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4, 604, 104	1		1.00
2. 00	OTHER ADMINISTRATIVE AND	5. 05	0	2, 649, 474	9		2. 00
	GENERAL	+		7, 253, 578	<del></del>		
	B - DIETARY		U <sub>I</sub>	1, 200, 010			
1.00	DI ETARY	10.00	853, 080	721, 764	0		1.00
1.00	TOTALS — — —		853, 080	721, 764			1.00
	C - I NSURANCE		033, 000	721, 704			
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1, 139, 105	12		1.00
2. 00	INTEREST EXPENSE	113.00	Ö	2, 662			2. 00
2.00	TOTALS		<del> </del>		<u> </u>		2.00
	D - CHARGEABLE SUPPLIES		<u> </u>	1, 141, 707			
1.00	NURSING ADMINISTRATION	13.00	0	87, 333	0		1.00
2. 00	CENTRAL SERVICES & SUPPLY	14. 00	o	96, 270	1		2. 00
3.00	PHARMACY	15. 00	o	56, 074			3. 00
4. 00	PARAMED ED PRGM - LAB 4+1	23. 01	o	1	o		4. 00
5. 00	PARAMED ED PRGM-EMT	23. 05	o	1, 933	1		5. 00
6. 00	ADULTS & PEDIATRICS	30.00	o	975, 254			6. 00
7. 00	INTENSIVE CARE UNIT	31.00	o	435, 213			7. 00
8. 00	NEWBORN INTENSIVE CARE UNIT	35. 00	ol	22, 342	o		8. 00
9. 00	SUBPROVI DER - I PF	40. 00	o	12, 020	1		9. 00
10. 00	OPERATING ROOM	50.00	ol	2, 817, 342	o		10.00
11. 00	OUTPATIENT SURGERY	50. 02	ol	240, 781	o		11. 00
12. 00	RECOVERY ROOM	51.00	o	11, 430	o		12. 00
13. 00	ANESTHESI OLOGY	53. 00	o	111, 842	o		13. 00
14. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	20, 208			14. 00
15. 00	RADI OLOGY SPECIAL PROCEDURES	54. 01	o	697, 944	1		15. 00
16. 00	ULTRASOUND	54. 02	o	63, 392	1		16. 00
17. 00	COMPUTED TOMOGRAPHY	55. 01	o	124, 879			17. 00
18. 00	LABORATORY	60.00	o	201	o		18. 00
19. 00	BLOOD STORING, PROCESSING &	63. 00	o	395, 697	o		19. 00
. ,	TRANS.	00.00	٩	0,0,0,,			17.00
20. 00	NUCLEAR MEDICINE	63. 01	o	2, 553	o		20.00
21. 00	RESPI RATORY THERAPY	65. 00	o	283, 523	o		21. 00
22. 00	PHYSI CAL THERAPY	66.00	o	4, 204	1		22. 00
23. 00	OCCUPATI ONAL THERAPY	67. 00	o	5, 264	o		23. 00
24. 00	SPEECH PATHOLOGY	68. 00	o	26, 509	1		24. 00
25. 00	ELECTROCARDI OLOGY	69.00	o	6, 769	o		25. 00
26. 00	ELECTROENCEPHALOGRAPHY	70.00	o	92	o		26. 00
27. 00	CARDI OVASCULAR SERVI CES	76. 02	o	1, 415, 311	o		27. 00
28. 00	CARDI AC REHABI LI TATI ON	76. 03	o	8, 236	o		28. 00
29. 00	MRI	76. 05	o	20, 614	1		29. 00
30. 00	WOUND CARE	76. 08	o	34, 032	o		30.00
31. 00	I NFUSI ON	76. 10	o	254, 692	o		31. 00
32. 00	ANTICOAGULATION CLINIC	76. 12	o	15, 734			32. 00
33. 00	OCC HEALTH CLINIC	90. 01	o	5, 865			33. 00
34. 00	EMERGENCY	91.00	o	660, 602			34. 00
35. 00	HOME HEALTH AGENCY	101.00	O	146, 015			35. 00
	TOTALS			9, 060, 171			
	E - PHARMACY		-1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72, 827	0		1.00
2.00	OTHER ADMINISTRATIVE AND	5. 05	Ö	68, 121	1		2. 00
	GENERAL		7	,			
3.00	MAINTENANCE & REPAIRS	6.00	0	11	o		3. 00
4.00	NURSING ADMINISTRATION	13.00	0	33			4. 00
5.00	CENTRAL SERVICES & SUPPLY	14.00	O	623	o		5. 00
6.00	PHARMACY	15.00	O	23, 192, 835	o		6. 00
7.00	ADULTS & PEDIATRICS	30.00	O	7, 348	o		7. 00
8.00	INTENSIVE CARE UNIT	31.00	O	25, 743	o		8. 00
9.00	NEWBORN INTENSIVE CARE UNIT	35.00	O	117	o		9. 00
10.00	OPERATING ROOM	50.00	O	54, 322	o		10.00
11.00	OUTPATIENT SURGERY	50. 02	O	1, 163	o		11. 00
12. 00	ANESTHESI OLOGY	53.00	Ö	27, 840			12. 00
13. 00	RADI OLOGY-DI AGNOSTI C	54.00	O	1	Ö		13. 00
14. 00	NUCLEAR MEDICINE	63. 01	Ö	165, 914			14. 00
15. 00	RESPI RATORY THERAPY	65. 00	Ö	2, 986			15. 00
16. 00	PHYSI CAL THERAPY	66.00	O	63, 881	1		16. 00
17. 00	ELECTROCARDI OLOGY	69.00	O	1, 569	1		17. 00
18. 00	CARDI OVASCULAR SERVI CES	76. 02	o	504	1		18. 00
19. 00	WOUND CARE	76. 08	0	14, 773	1		19. 00
20. 00	I NFUSI ON	76. 10	Ö	41, 005			20.00
21. 00	OCC HEALTH CLINIC	90. 01	o	20, 059			21. 00
22. 00	SPECIALTY CLINIC	90. 03	o	3, 339			22. 00
		-1	<u> </u>	* * * * * * * * * * * * * * * * * * * *	1		<u> </u>

| Period: | Worksheet A-6 | From 01/01/2020 | To 12/31/2020 | Date/Time Prepared: 7/29/2021 12: 48 pm

						7/29/2021 1	2:48 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	ERGENCY	91. 00	0	18, 917	1		23. (
	ME_HEALTH_AGENCY	1 <u>01.</u> 00		<u>1, 3</u> 39			24. (
	TALS		0	23, 785, 270			
	- RADIOLOGY ADMINISTRATION						
00 RAI	DI OLOGY-DI AGNOSTI C	54.00	169, 908	0	0		1. (
00		0.00	0	0	0		2.
00		0.00	o	0	o		3.
00		0.00	o	0	o		4.
00		0.00	o	0	0		5.
	TALS	— — <del></del>	169, 908				
	- MEDICAL EDUCATION		1077 700				
	HER ADMINISTRATIVE AND	5. 05	0	558, 026	0		1.
	NERAL	3.03	٩	330, 020			'-
_	TALS	+			<del></del>		
	- PARAMEDICAL EDUCATION		<u> </u>	558, 026	1		
		(0.00		(0.050			
	BORATORY	60.00	0	68, 352			1.
	RAMED ED PRGM - RADIOLOGY	23. 02	0	6, 826			2.
	RAMED ED PRGM - RESP THER	23. 03	0	23, 473			3.
	RAMED ED PRGM-PHARMACY	23. 04	22, 348	188, 531			4.
00 <u>LAI</u>	BORATORY	<u>60.</u> 00	0	6 <u>8, 3</u> 52	0		5.
	TALS		22, 348	355, 534			
1 -	- PROFESSIONAL SUPPORT SERV	ICES					
00 PH	YSI CAL THERAPY	66.00	270, 770	91, 655	0		1.
00		0.00	o	0	o		2.
00		0.00	ol	0	o		3.
00		0.00	o	0	0		4.
	TALS		270, 770	91, 655			
	- RENT		270, 770	71,000			
	TEREST EXPENSE	113. 00	0	18, 000	10		1.
	TALS	— — <del>110.</del> 00	<del> </del>	1 <u>8, 000</u>			
	- NURSERY	I	<u> </u>	10, 000	1		
	ULTS & PEDIATRICS	30.00	1, 065, 041	599, 265	0		1.
			1, 065, 041				- 1
	TALS		1, 065, 041	599, 265			
	- RENAL DIALYSIS	00.00	457.040	0.40.000			
	ULTS & PEDIATRICS	30.00	457, 340	36 <u>2, 3</u> 23			1
	TALS		457, 340	362, 323			
	- IMPLANTABLE DEVICES						
00  MEI	DICAL SUPPLIES CHARGED TO	71. 00	0	2, 520, 553	0		1
	TI ENT						
OO CAI	RDIOVASCULAR SERVICES	76. 02	0	583, 502	0		2
TO	TALS		0	3, 104, 055			
N	- SPECIALTY CLINIC						
00 OPI	ERATION OF PLANT	7.00	0	1, 238	0		╗ 1.
TO	TALS						
0	- INTEREST EXPENSE			•	·		
	HER ADMINISTRATIVE AND	5. 05	0	3, 578, 670	0		1.
	NERAL	0.00	Ĭ	0,0,0,0,0			'
	TEREST EXPENSE	113. 00	o	220, 598	11		2
			+				~
	TALS - MISC A&G		0	3, 799, 268			
	TEREST EXPENSE	112 00		E 701	11		1
		113.00	0	5, 731			
-	TEREST EXPENSE	1 <u>13.</u> 00	0	3,560			2
	TALS		0	9, 291			_
	- CATH LAB RECOVERY						
	ULTS & PEDIATRICS	30.00	203, 290	8 <u>2, 1</u> 13	0		1
ITO:	TALS		203, 290	82, 113			
	and Total: Decreases		3, 041, 777	50, 943, 318			500.

| Peri od: | Worksheet A-7 | From 01/01/2020 | Part | | To 12/31/2020 | Date/Time Prepared:

				Ic	12/31/2020	7/29/2021 12:4	
				Acqui si ti ons		772772021 12.	ГО РІП
		Begi nni ng	Purchases	Donation	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						
1.00	Land	5, 547, 620	0	0	0	0	1. 00
2.00	Land Improvements	3, 655, 975	0	0	0	0	2. 00
3.00	Buildings and Fixtures	47, 864, 714	0	0	0	3, 456, 643	3. 00
4.00	Building Improvements	117, 879	0	0	0	0	4. 00
5.00	Fi xed Equipment	161, 260, 991	6, 832, 980	0	6, 832, 980		5. 00
6.00	Movable Equipment	787, 573	0	0	0	123, 032	6. 00
7. 00	HIT designated Assets	0	0	0	0	0	7. 00
8.00	Subtotal (sum of lines 1-7)	219, 234, 752	6, 832, 980	0	6, 832, 980	3, 579, 675	
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	219, 234, 752	6, 832, 980	0	6, 832, 980	3, 579, 675	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6.00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		-				
1.00	Land	5, 547, 620	0				1.00
2.00	Land Improvements	3, 655, 975	3, 284, 014				2. 00
3. 00	Buildings and Fixtures	44, 408, 071	11, 498, 955				3. 00
4.00	Building Improvements	117, 879	95, 213				4. 00
5.00	Fi xed Equi pment	168, 093, 971	94, 244, 999				5. 00
6.00	Movable Equipment	664, 541	0				6. 00
7. 00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	222, 488, 057	109, 123, 181				8. 00
9.00	Reconciling Items	0	0				9. 00
10. 00	Total (line 8 minus line 9)	222, 488, 057	109, 123, 181				10.00

Heal th	Financial Systems	FRANCISCAN HEA	AITH HAMMOND		In lie	u of Form CMS-2	2552-10
	CILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0004	Peri od: From 01/01/2020 To 12/31/2020	Worksheet A-7 Part II	pared:
			SL	JMMARY OF CAF	PLTAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)		
		9. 00	10.00	11. 00	12.00	13. 00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	8, 901, 790	0		0 0	0	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2. 00
3.00	Total (sum of lines 1-2)	8, 901, 790	0		0 0	0	3. 00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
	·	Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	8, 901, 790				1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2. 00
0 00	T 1 1 ( C1: 4 0)		0 004 700	1			0 00

0 0 0

8, 901, 790

1. 00 2. 00 3. 00

1.00 CAP REL COSTS-BLDG & FLX1
2.00 CAP REL COSTS-MVBLE EQUIP
3.00 Total (sum of lines 1-2)

Heal th	n Financial Systems	FRANCI SCAN HEA	ALTH HAMMOND		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der Co		Period: From 01/01/2020 To 12/31/2020		
		COMI	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
			Leases	for Ratio	instructions)		
				(col . 1 - col 2)	•		
		1.00	2.00	3.00	4. 00	5. 00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FLXT	0	0		0 1.000000		1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	)	0. 000000		2. 00
3.00	Total (sum of lines 1-2)	0	[ <u> </u>	2451	0 1.000000		3. 00
		ALLUCA	IION OF OTHER (	CAPITAL	SUMMARY O	F CAPITAL	
	Cost Center Description	Taxes	0ther	Total (sum o	f Depreciation	Lease	
			Capi tal -Relate				
		6. 00	d Costs 7.00	through 7) 8.00	9, 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CI		7.00	8.00	9.00	10.00	
1. 00	CAP REL COSTS-BLDG & FLXT	I O	0	1	0 6, 947, 160	18, 000	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	ĺ	,	0 4, 604, 104		2. 00
3.00	Total (sum of lines 1-2)	0	0		0 11, 551, 264		3. 00
			Sl	JMMARY OF CAPI	TAL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	0ther	Total (2) (sum	
			instructions)	instructions	) Capi tal -Relate		
					d Costs (see	through 14)	
		11 00	12.00	12.00	instructions)	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CI	11.00	12. 00	13. 00	14. 00	15. 00	
1. 00	CAP REL COSTS-BLDG & FIXT	220, 674	-1, 139, 105		0 2, 905, 017	8, 951, 746	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0 2, 703, 017	4, 604, 104	2. 00
3.00	Total (sum of lines 1-2)	220, 674	1		0 2, 905, 017		
		•		•		•	

				To	12/31/2020	Date/Time Prep 7/29/2021 12:4	
				Expense Classification on		772772021 121	10 p
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4. 00	Wkst. A-7 Ref. 5.00	
1. 00	Investment income - CAP REL	11.22		CAP REL COSTS-BLDG & FIXT	1.00	0	1. 00
2. 00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
	COSTS-MVBLE EQUIP (chapter 2)	D.					
3. 00	Investment income - other (chapter 2)	В	-7, 185	INTEREST EXPENSE	113. 00	0	3. 00
4. 00	Trade, quantity, and time discounts (chapter 8)		0		0. 00	0	4. 00
5.00	Refunds and rebates of	В	-199, 629	CENTRAL SERVICES & SUPPLY	14. 00	0	5. 00
6. 00	expenses (chapter 8) Rental of provider space by	В	0		0. 00	0	6. 00
	suppliers (chapter 8)						
7. 00	Telephone services (pay stations excluded) (chapter	В	-18, 720	OTHER ADMINISTRATIVE AND GENERAL	5. 05	0	7. 00
0.00	21)		0		0.00		0.00
8. 00	Television and radio service (chapter 21)		U		0.00	0	8. 00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	0 -1, 516, 246		0. 00	0	9. 00 10. 00
	adj ustment						
11. 00	Sale of scrap, waste, etc. (chapter 23)	В	0	RADI OLOGY-DI AGNOSTI C	54. 00	0	11. 00
12. 00	Related organization	A-8-1	-721, 413			0	12. 00
13. 00	transactions (chapter 10) Laundry and linen service	В	0		0. 00	0	13. 00
14.00	Cafeteria-employees and guests		-495, 472	CAFETERI A	11. 00	0	14.00
15. 00	Rental of quarters to employee and others		Ü		0. 00	0	15. 00
16. 00	Sale of medical and surgical supplies to other than		0		0. 00	0	16. 00
	patients						
17. 00	Sale of drugs to other than patients		0		0. 00	0	17. 00
18. 00	Sale of medical records and	В	0	OTHER ADMINISTRATIVE AND	5. 05	0	18. 00
19. 00	abstracts Nursing and allied health		0	GENERAL	0. 00	0	19. 00
	education (tuition, fees, books, etc.)						
20. 00	Vending machines	В	-4, 688	CAFETERI A	11. 00	0	20. 00
21. 00	Income from imposition of interest, finance or penalty		0		0. 00	0	21. 00
	charges (chapter 21)						
22. 00	Interest expense on Medicare overpayments and borrowings to		0		0. 00	0	22. 00
23. 00	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	DECDIDATORY THERADY	65. 00		23. 00
23.00	therapy costs in excess of	A-0-3	U	RESPI RATORY THERAPY	65.00		23.00
24. 00	limitation (chapter 14) Adjustment for physical	A-8-3	Λ	PHYSI CAL THERAPY	66. 00		24. 00
200	therapy costs in excess of		O		55. 00		200
25. 00	limitation (chapter 14) Utilization review -		0	*** Cost Center Deleted ***	114. 00		25. 00
	physicians' compensation (chapter 21)						
26. 00	Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FLXT	1. 00	0	26. 00
27. 00	COSTS-BLDG & FIXT Depreciation - CAP REL		Λ	CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
	COSTS-MVBLE EQUIP					Ŭ	
28. 00 29. 00	Non-physician Anesthetist Physicians' assistant		0	*** Cost Center Deleted ***	19. 00 0. 00	o	28. 00 29. 00
30. 00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30. 00		30. 99
31. 00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0. 00	0	32. 00
33. 00	Depreciation and Interest KINDRED MEALS	В	-170, 584	DI ETARY	10. 00	o	33. 00
		<u>'</u>	·		<u> </u>	<u>'</u>	

From 01/01/2020 To 12/31/2020 Date/Time Prepared:

				T	o 12/31/2020	Date/Time Pre 7/29/2021 12:	
				Expense Classification on	77 277 2021 121	, o p	
				To/From Which the Amount is	to be Adjusted		
Cost Center Description		Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
33. 01	WELLNESS CENTER REVENUE	1. 00 B	2.00	3.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	5. 00	33. 01
33. 01	PHYSICIAN APPLICATION FEES	В		OTHER ADMINISTRATIVE AND	5. 05		33. 01
			,	GENERAL			
33. 03	CARDIAC DIETETIC INSTRUCTION	В	· ·	DI ETARY	10.00		33. 03
33. 04	LOBBYING EXPENSE	A	-6, 152	OTHER ADMINISTRATIVE AND	5. 05	0	33. 04
33. 05	PROGRAM FEES	В	-8 844	GENERAL NURSING ADMINISTRATION	13. 00	0	33. 05
33. 06	LIFELINE	В		OTHER ADMINISTRATIVE AND	5. 05		33. 06
				GENERAL			
33. 07	UNNECESSARY BORROWING	A		I NTEREST EXPENSE	113. 00		33. 07
33. 08	MI SCELLANEOUS I NCOME	В	-2, /30	OTHER ADMINISTRATIVE AND GENERAL	5. 05	0	33. 08
33. 09	MI SCELLANEOUS I NCOME	В	-4, 027	MAINTENANCE & REPAIRS	6. 00	0	33. 09
33. 10	GOODWI LL	Α		OTHER ADMINISTRATIVE AND	5. 05	0	33. 10
	DOWNER ON SWEETING		_	GENERAL			
33. 11	DONATIONS EXPENSE	A	1	OTHER ADMINISTRATIVE AND GENERAL	5. 05	0	33. 11
33. 12	ADVERTISING EXPENSE	Α	-240	OTHER ADMINISTRATIVE AND	5. 05	0	33. 12
002	7.572 67.116 27.11 2.1162		2.10	GENERAL	0.00		002
33. 13	ADVERTISING EXPENSE	Α	· ·	SUBPROVI DER - I PF	40.00		33. 13
33. 14	MI SCELLANEOUS I NCOME	В	-1, 555	RADI OLOGY-DI AGNOSTI C	54.00		33. 14
33. 15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0. 00	0	33. 15
33. 16	HAF ASSESSMENT	Α	-2, 938, 732	OTHER ADMINISTRATIVE AND	5. 05	0	33. 16
				GENERAL			
33. 17	PENSION COST	A		EMPLOYEE BENEFITS DEPARTMENT	4.00		33. 17
33. 18	DI SCOUNTS/REBATES	В	-110, /2/	OTHER ADMINISTRATIVE AND GENERAL	5. 05	0	33. 18
33. 19	CONTRA BENEFITS	Α	211, 673	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	33. 19
33. 20	DI SCOUNTS/REBATES	В		DI ETARY	10.00		33. 20
33. 21	DI SCOUNTS/REBATES	В		PHARMACY	15. 00		33. 21
33. 22	DI SCOUNTS/REBATES	В		OPERATING ROOM	50.00		33. 22
33. 23 33. 24	DI SCOUNTS/REBATES DI SCOUNTS/REBATES	B B		RADI OLOGY-DI AGNOSTI C LABORATORY	54. 00 60. 00		33. 23 33. 24
33. 25	DI SCOUNTS/REBATES	В		RESPIRATORY THERAPY	65. 00		33. 25
33. 26	DI SCOUNTS/REBATES	В		CARDI OVASCULAR SERVI CES	76. 02	0	33. 26
33. 27	ADVERTISING EXPENSE	Α		EMPLOYEE BENEFITS DEPARTMENT	4. 00		33. 27
33. 28	SALE OF MED RECORDS	В	-3, 235	OTHER ADMINISTRATIVE AND GENERAL	5. 05	0	33. 28
33. 29	PODIATRY RESIDENTS ADD ON	A	306 472	I&R SERVICES-OTHER PRGM	22. 00	0	33. 29
55.27	LESS BEINTO ABB ON	"	333, 172	COSTS APPRV	22.00		00.27
33. 30	ADVERTISING EXPENSE	A	· ·	OCC HEALTH CLINIC	90. 01		
33. 31	ADVERTISING EXPENSE	A		ADULTS & PEDIATRICS	30.00		
33. 32	ADVERTISING EXPENSE RESEARCH PRIVATE INDUSTRY	A B		HOME HEALTH AGENCY OTHER ADMINISTRATIVE AND	101. 00 5. 05		1
33. 33	RESEARCH FRIVATE INDUSTRI	ь		GENERAL	5.05	0	33. 33
33. 34	MISCELLANEOUS INCOME	В	-38, 250	ADULTS & PEDIATRICS	30. 00		
33. 35	ADVERTISING EXPENSE	A		PHYSI CAL THERAPY	66. 00		
33. 36 33. 37	MISC OTHER OPERATING MISC OTHER OPERATING	B B		CAP REL COSTS-BLDG & FIXT OTHER ADMINISTRATIVE AND	1. 00 5. 05		33. 36 33. 37
33. 37	WI SC OTHER OFERATING	ь	-11,009	GENERAL	5.05	0	33.37
33. 38	PATIENT INT	В	6, 120	OTHER ADMINISTRATIVE AND	5. 05	0	33. 38
		[		GENERAL			
33. 39	PROGRAM FEES EMERGENCY MED ED	B B		LABORATORY	60. 00		
33. 40 50. 00	TOTAL (sum of lines 1 thru 49)		-33, 850 -4, 468, 941	EMERGENCY	91. 00		33. 40 50. 00
30. 00	(Transfer to Worksheet A,		1, 100, 741				30.00
	column 6, line 200.)						

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

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0004

Peri od: Worksheet A-8-1 From 01/01/2020

011102	00010			To 12/31/2020	Date/Time Pre 7/29/2021 12:	
	Li ne No.	Cost Center	Expense I tems	Amount of	Amount	
			'	Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2.00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	GANIZATIONS OR	CLAIMED	
1. 00	HOME OFFICE COSTS:	CAP REL COSTS-BLDG & FLXT	ALLOWABLE NEW CAPITAL COSTS	2, 905, 017	0	1. 00
2.00		OTHER ADMINISTRATIVE AND GEN		12, 241, 585	0	2. 00
3.00		OTHER ADMINISTRATIVE AND GEN			0	3. 00
4. 00		OTHER ADMINISTRATIVE AND GEN		81, 883	0	4. 00
				2, 203, 678	21 (14 011	4. 00
4. 01		OTHER ADMINISTRATIVE AND GEN		8, 492, 288	31, 614, 011	
4. 02	l control of the cont		CENTRAL SUPPLY	670, 441	0	4. 02
4. 03	1		COEP / PHARMACY	316, 214	0	4. 03
4. 04	l control of the cont	l .	MEDI CAL RECORDS	863, 822	0	4. 04
4. 05			INTEREST	626, 812	3, 765, 884	4. 05
4.06		OTHER ADMINISTRATIVE AND GEN		0	-8, 724, 368	4. 06
4. 07		l ·	PHARMACY	202, 835	607, 608	4. 07
4. 08			INTENSIVE CARE UNIT	0	77, 425	4. 08
4. 10			NUCLEAR MEDICINE	2, 494	9, 086	4. 10
4. 11			SURGERY	624	5, 784	4. 11
4. 12			RADI OLOGY	7, 013	55, 534	4. 12
4. 13			COMPUTED TOMOGRAPHY	26, 690	211, 357	4. 13
4. 14	60.00		CHEMI STRY	375, 094	2, 424, 463	4. 14
4. 15			BLOOD BANK	148	1, 316	4. 15
4. 16	65. 00	RESPI RATORY THERAPY	RESPIRATORY CARE	6, 138	25, 623	4. 16
4. 17	66.00	PHYSI CAL THERAPY	PHYSI CAL THERAPY	4, 771	6, 380	4. 17
4. 18	69. 00	ELECTROCARDI OLOGY	NON-INVASIVE VASCULAR	58, 844	473, 602	4. 18
4. 19	76. 03	CARDIAC REHABILITATION	CARDI AC REHAB	415	3, 339	4. 19
4. 20	76. 05	MRI	MRI	4, 970	39, 355	4. 20
4. 21	76. 07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	2, 977, 691	3, 350, 875	4. 21
4. 22	67. 00	OCCUPATIONAL THERAPY	OCCUPATI ONAL THERAPY	482	1, 920	4. 22
4. 23	91.00	EMERGENCY	EMERGENCY ROOM	248, 018	1, 416, 832	4. 23
4.24	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	2, 338, 272	0	4. 24
4. 26	54. 02	ULTRASOUND	ULTRASOUND	2, 243	13, 869	4. 26
5.00	TOTALS (sum of lines 1-4).			34, 658, 482	35, 379, 895	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					
4	1 11 4 4 ( 1 1		transformed in detail to Wark			

\* 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		
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 RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

TOT IIIDAT SOMETIC ATTACK THE AVETTE							
6. 00	В	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6. 00	
7.00			0.00		0. 00	7. 00	
8.00			0.00		0. 00	8. 00	
9.00			0.00		0.00	9. 00	
10.00			0.00		0.00	10.00	
100.00	G. Other (financial or					100.00	
	non-financial) specify:					I	

- (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.

			7/29/2021 12:	:48 pm
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6. 00	7. 00		
			ENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO			4
1.00	2, 905, 017			1.00
2.00	12, 241, 585			2. 00
3.00	81, 883			3. 00
4.00	2, 203, 678			4. 00
4. 01	-23, 121, 723			4. 01
4. 02	670, 441			4. 02
4. 03	316, 214			4. 03
4.04	863, 822			4. 04
4.05	-3, 139, 072			4. 05
4.06	8, 724, 368			4. 06
4. 07	-404, 773			4. 07
4. 08	-77, 425			4. 08
4. 10	-6, 592			4. 10
4. 11	-5, 160			4. 11
4. 12	-48, 521			4. 12
4. 13	-184, 667			4. 13
4. 14	-2, 049, 369			4. 14
4. 15	-1, 168			4. 15
4. 16	-19, 485			4. 16
4. 17	-1, 609			4. 17
4. 18	-414, 758			4. 18
4. 19	-2, 924			4. 19 4. 20
4. 20	-34, 385			1
4. 21 4. 22	-373, 184 -1, 438			4. 21 4. 22
4. 22	-1, 168, 814			4. 22
4. 23 4. 24	2, 338, 272			4. 23
4. 24	-11, 626			4. 24
5.00	-721, 413			5. 00
5.00	-/21,413			<u>J 3.00</u>

\* 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	TED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6. 00 7. 00 8. 00 9. 00 10. 00	6.00
7.00	7.00
8.00	8.00
9.00	9.00
10.00	10.00
100.00	100.00

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

Period: Worksheet A-8-2 From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/29/2021 12: 48 pm

							7/29/2021 12:	48 pm
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1.00	13. 00	NURSING ADMINISTRATION	227, 412	216, 24	7 11, 165	197, 500	80	1. 00
2.00		ADULTS & PEDIATRICS	480, 398	459, 00	21, 398	197, 500	171	2.00
3.00	31.00	INTENSIVE CARE UNIT	75, 025	3, 90		197, 500		3. 00
4.00		OPERATING ROOM	586, 991	508, 50		246, 400		
5. 00		LABORATORY	40, 793					1
6. 00		RESPI RATORY THERAPY	8, 592	1, 44	· ·			1
7. 00		PHYSI CAL THERAPY	31, 713	•				1
8. 00		ELECTROENCEPHALOGRAPHY	4, 350	•				1
9. 00		CARDI OVASCULAR SERVI CES	181, 207	150, 26				1
10.00		WOUND CARE	4, 840					
11. 00		I NFUSI ON	26, 000			197, 500		
12. 00		ANTICOAGULATION CLINIC	56, 110					1
13. 00	91.00	EMERGENCY	103, 035			197, 500		
200.00			1, 826, 466				3, 048	200.00
	Wkst. A Line #		Unadjusted RCE			Provi der	Physician Cost	
		Identifier	Limit		E Memberships &	Component	of Malpractice	
				Limit	Conti nui ng	Share of col.	Insurance	
					Educati on	12		
	1. 00	2. 00	8. 00	9. 00	12. 00	13.00	14. 00	
1.00		NURSING ADMINISTRATION	7, 596					
2.00		ADULTS & PEDIATRICS	16, 237	•				
3. 00		INTENSIVE CARE UNIT	54, 028					
4.00		OPERATING ROOM	74, 394				_	1
5.00		LABORATORY	30, 445					
6. 00		RESPI RATORY THERAPY	5, 412					
7. 00		PHYSI CAL THERAPY	22, 978	•				
8. 00		ELECTROENCEPHALOGRAPHY	2, 184			1	_	
9. 00		CARDI OVASCULAR SERVI CES	23, 548					
10. 00		WOUND CARE	2, 849				0	
11. 00		I NFUSI ON	18, 041	90.		1		
12.00	76. 12	ANTICOAGULATION CLINIC	40, 639	2, 03	2 0	0	0	12.00
13.00	91.00	EMERGENCY	11, 869	59	3 0	0	0	13. 00
200.00			310, 220	15, 51	0	0	0	200. 00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		Identifier	Component	Limit	Di sal I owance			
			Share of col.					
			14					
1.00	1.00	2.00	15. 00	16. 00	17. 00	18.00		4.00
1.00		NURSI NG ADMI NI STRATI ON	0	•				1.00
2.00		ADULTS & PEDIATRICS	0			464, 161		2. 00
3. 00		INTENSIVE CARE UNIT	0			20, 997		3. 00
4.00		OPERATING ROOM	0	,				4. 00
5. 00		LABORATORY	0	,				5. 00
6.00		RESPI RATORY THERAPY	0					6. 00
7.00		PHYSI CAL THERAPY	0					7. 00
8.00		ELECTROENCEPHALOGRAPHY	0				1	8. 00
9.00		CARDI OVASCULAR SERVI CES	0	,				9. 00
10. 00		WOUND CARE	0	,		1, 991		10.00
11. 00		I NFUSI ON	0					11. 00
12.00		ANTICOAGULATION CLINIC	0		· ·	15, 471		12.00
13.00	91.00	EMERGENCY	0	,	· ·			13. 00
200.00			0	310, 22	71, 852	1, 516, 246		200. 00

| Peri od: | Worksheet B | From 01/01/2020 | Part | | To | 12/31/2020 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

CAPITAL RELATED COSTS  Cost Center Description  Net Expenses  BLDG & FIXT   MVBLE EQUIP   EMPLOYEE	7/29/2021 12: 48	рШ
	Subtotal	
for Cost BENEFITS	Subtotal	
Allocation DEPARTMENT		
(from Wkst A		
col . 7)       0     1.00     2.00     4.00	4A	
GENERAL SERVICE COST CENTERS		
1.00   00100   CAP REL COSTS-BLDG & FIXT   8,951,746   8,951,746		1. 00
2.00   00200   CAP REL COSTS-MVBLE EQUIP   4,604,104   4,604,104   4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   5,148,953   42,996   10,577   5,202,52		2. 00 4. 00
5. 05   00590   OTHER ADMINISTRATIVE AND GENERAL   32, 439, 832   856, 068   112, 460   1, 065, 06	1	5. 05
6. 00   00600   MAI NTENANCE & REPAIRS   2, 969, 299   641, 547   103, 820   53, 39		6. 00
7. 00 00700 OPERATION OF PLANT 8, 335, 344 422, 298 7, 632 79, 53		7. 00
8. 00   00800   LAUNDRY & LI NEN SERVI CE   451, 982   11, 175   90, 584	553, 741	8.00
9. 00   00900   HOUSEKEEPI NG   2, 726, 012   163, 047   30, 465   110, 87   10. 00   01000   DI ETARY   444, 380   170, 295   31, 216   24, 10		9. 00 10. 00
11. 00   01100   CAFETERI A   1, 074, 684   98, 857   0   54, 37		11. 00
13. 00   01300   NURSI NG ADMI NI STRATI ON 5, 712, 918 109, 647 90, 993 236, 32	6, 149, 886 1	13.00
14. 00   01400   CENTRAL SERVI CES & SUPPLY 904, 680 158, 186 102, 948 12, 22		14.00
15. 00   01500   PHARMACY   5, 062, 595   94, 825   17, 794   184, 67 16. 00   01600   MEDI CAL RECORDS & LI BRARY   1, 305, 044   280, 905   0   20, 63		15. 00 16. 00
17. 00   01700  SOCI AL SERVI CE   0   16, 659   0		17. 00
22.00   02200   1&R SERVI CES-OTHER PRGM COSTS APPRV   1,016,237   0   0   6,98		22. 00
23. 00   02300   PARAMED ED   PRGM-(SPECI FY)		23. 00
23. 01   02301   PARAMED ED PRGM - LAB 4+1	1	23. 01 23. 02
23. 02   02302   PARAMED ED   PRGM - RESP THER   76, 601   0   4, 93	1	23. 02
23. 04   02304   PARAMED ED PRGM-PHARMACY 570, 593 0 0 35, 76	1	23. 04
23. 05   02305   PARAMED ED PRGM-EMT   28, 960   69, 896   0 59		23. 05
23. 06   02306   PARAMED ED PRGM - LAB 3+1   68, 352   0   0   0     1   1   1   1   1   1	68, 352 2	23. 06
30. 00   03000   ADULTS & PEDI ATRI CS   19, 623, 636   1, 931, 635   638, 962   952, 29	1 23, 146, 524 3	30. 00
31.00   03100   I NTENSI VE CARE UNI T   3, 372, 997   285, 277   321, 033   157, 29		31. 00
35. 00   02040   NEWBORN   INTENSIVE CARE UNIT		35. 00
40. 00   04000   SUBPROVI DER -   PF   6, 279, 123   0   0   188, 61   43. 00   04300   NURSERY   1, 664, 306   0   0   67, 89		40. 00 43. 00
43. 00   04300   NURSERY		44. 00
45. 00 04500 NURSING FACILITY 0 0 0	1	45. 00
ANCILLARY SERVICE COST CENTERS	0 444 047 5	-0.00
50. 00   05000   OPERATI NG ROOM	1	50. 00 50. 01
50. 02   05002   OUTPATI ENT SURGERY 928, 008 414, 221 246, 830 49, 39	1	50. 02
51. 00   05100   RECOVERY ROOM   430, 592   0   69, 838   18, 91	1	51. 00
53. 00   05300   ANESTHESI OLOGY   3, 727, 665   0   72, 686   2, 21		53.00
54. 00   05400   RADI OLOGY - DI AGNOSTI C   1, 340, 727   250, 610   515, 723   65, 00   54. 01   05401   RADI OLOGY   SPECI AL PROCEDURES   800, 106   60, 500   148, 968   39, 41		54. 00 54. 01
54. 02   05402   ULTRASOUND   633, 418   30, 117   15, 739   28, 81		54. 02
		55. 00
55. 01   05501   COMPUTED   TOMOGRAPHY   700, 738   30, 813   527, 332   27, 95		55. 01
57. 00   05700   CT SCAN		57. 00 58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON 0 0		59. 00
60. 00 06000 LABORATORY 6, 092, 462 205, 717 530		50. 00
60. 01   06001   BLOOD LABORATORY   0   0   0   0		50. 01
63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   148   0   0   0   63. 01   06301   NUCLEAR MEDICINE   324, 611   40, 728   77, 077   16, 00		53. 00 53. 01
65. 00   06500   RESPI RATORY THERAPY   2, 839, 379   81, 724   169, 907   79, 98	1	55. 00
66. 00   06600   PHYSI CAL THERAPY   2, 989, 852   211, 438   6, 824   150, 88	3, 358, 994	66. 00
67. 00   06700   0CCUPATI ONAL THERAPY   873, 950   19, 534   1, 143   39, 41		57.00
68. 00   06800   SPEECH PATHOLOGY   407, 988   60, 529   12, 205   19, 72   69. 00   06900   ELECTROCARDI OLOGY   560, 741   34, 014   182, 443   24, 01	1	58. 00 59. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY		70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 6,539,618 0 0		71. 00
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   3, 104, 055   0   0		72. 00
73. 00   07300   DRUGS CHARGED TO PATIENTS   23, 785, 270   0   0   0   0   0   0   0   0   0		73. 00 76. 00
76. 00   03020   PATN CETNIC   0   0   0   0   0   0   0   0   0		76. 00 76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES 688, 480 120, 703 268, 813 61, 65		76. 02
76. 03 03957 CARDI AC REHABI LI TATI ON 408, 700 25, 996 51, 863 19, 68		76. 03
76. 04   03190   RADI ATI ON ONCOLOGY   0   270, 886   0   76. 05   03051   MPI   11. 577   0. 71		76. 04
76. 05   03951   MRI   218, 486   59, 314   11, 577   9, 71   76. 06   03952   BARI ATRI C CENTER   0   0   0		76. 05 76. 06
76. 07 03550 PSYCH ACTIVITY THERAPY 2, 977, 691 0		76. 07
76. 08 03953 WOUND CARE 291, 183 96, 856 3, 142 14, 71		76. 08
76. 09  03954  RENAL DI ALYSI S   819, 663  187, 057  0  29, 15	3 1, 035, 873 7	/6. 09

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2020 Part I
To 1/21/21/2020 Part I Provider CCN: 15-0004

			To	12/31/2020	Date/Time Pre 7/29/2021 12:	
		CAPI TAL REL	ATED COSTS		172772021 12.	40 piii
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
	0	1. 00	2.00	4. 00	4A	
76. 10   03955   I NFUSI ON	3, 653, 251	9, 841	54, 464	136, 373	3, 853, 929	76. 10
76. 11 03956 CARE TRANSITION CENTER	6, 237	0	0	398	6, 635	76. 11
76. 12 03958 ANTICOAGULATION CLINIC	525, 938	0	0	20, 001	545, 939	76. 12
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00   09000   CLI NI C	0	0	0	0	0	90. 00
90. 01   09001   0CC   HEALTH   CLINIC	309, 650	0	0	7, 730	317, 380	90. 01
90. 02 09002 CARDI OLOGY CLI NI C	0	0	0	0	0	90. 02
90. 03   09003   SPECIALTY   CLINIC	48, 745	004 404	0	1, 466	50, 211	90. 03
91. 00 09100 EMERGENCY	10, 324, 452	231, 106	224, 578	555, 204	11, 335, 340	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92. 00
99. 00 09900 CMHC		0	O	ol	0	99. 00
99. 10   09910 CORF		0	0	0	0	99. 10
101.00 10100 HOME HEALTH AGENCY	8, 110, 198	174, 281	١	351, 258	8, 673, 029	
SPECIAL PURPOSE COST CENTERS	0/110/170	., ., 20.	0.7272	001/200	0,0,0,02,	
113. 00 11300   NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	200, 669, 201	8, 552, 910	4, 538, 806	5, 145, 858	200, 148, 399	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74, 088	20, 068	285	2, 060	96, 501	
190. 01 19001 CONVENT	11, 802	0		0	11, 802	
190. 02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0		190. 02
190. 03 19003 MEDICAL ARTS BUILDING	176, 200	0	0	0	176, 200	•
190. 04 19004 WOMEN' S HEALTH CENTER	57, 758	17, 015		2, 818	77, 591	l
190. 05 19005 DEVELOPMENT	0	0	0	0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	407, 426	0	0	20, 758	428, 184	l
190. 07 19007 I MAGE RECOVERY	0	0	0	0		190. 07
190. 08 19008  FAMI LY SERVI CES 190. 09 19009  MDWI SE	0	0	0	U		190. 08 190. 09
190. 09 19009 MDW 3E 190. 10 19010 CATHERINE MCAULEY CLINIC		0	0	0		190. 09
190. 11 19011 CENTER OF HOPE	56, 355	7, 455	1, 126	3, 185	68, 121	
190. 12 19012 SELECT	30, 333	7, 433	1, 120	3, 103		190. 12
190. 13 19013 PERCI NI AS		0	Ö	ol		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	-1, 757, 497	91, 861	Ö	3, 639	-1, 661, 997	ł
192. 01 19201 WORKI NG WELL	668, 749	0	33, 941	24, 208	726, 898	•
193. 00 19300 NONPALD WORKERS	0	0	О	o		193. 00
194. 01 07951 REHAB	1, 964	262, 437	29, 946	o	294, 347	194. 01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	200, 366, 046	8, 951, 746	4, 604, 104	5, 202, 526	200, 366, 046	202. 00

Company   Comp					1	0 12/31/2020	7/29/2021 12:	
PRINCE   SERVICE DOT CENTERS   5.00   5.00   7.00   8.00   7.00   7.00   8.00   7.00   8.00   7.00   8.00   7.00   8.00   7.00   7.00   7.00   8.00   7.00		Cost Center Description						р
SERBENT, SERVICE COST CENTERS 1.00 COTOLOGY PREE COSTS-SELVE DE FIXT 2.00 COTOLOGY PREE COSTS-SELVE DE FIXT 2.00 COTOLOGY PREE COSTS-SELVE DE FIXT 3.00 COTOLOGY PREE TREE TS DEPARTMENT 5.00 COTOLOGY PREE TREE TS DEPARTMENT 5.00 COTOLOGY PREE MAIN STEAM TO AND GENERAL 775, 256 4.543, 317 7.00 COTOLOGY PREE MAIN STEAM TO AND GENERAL 775, 256 6.00 COSTOLOGY PREE MAIN STEAM TO AND GENERAL 775, 256 6.00 COSTOLOGY PREE MAIN STEAM TO AND GENERAL 775, 256 6.00 COSTOLOGY PREE MAIN STEAM TO AND GENERAL 775, 256 7.00 COTOLOGY PREE MAIN STE			AND GENERAL				0.00	
0.000   0.000   CAP   REL COSTS - PLUE & FIX		GENERAL SERVICE COST CENTERS	5.05	6.00	7.00	8.00	9.00	
4.00 00000 DEPLOYEE BEREFITS DEPARTMENT 5.00 000000 (LINE ADMINISTRACE & REPAIR IS 7.75, 256 8.00 000000 (LINE ADMINISTRACE & REPAIR IS 7.75, 256 9.00 00000 (LINE ADMINISTRACE & LINE ADMINIS	1. 00							1. 00
5.05 DOSSIGN CHIEF ADMINISTRATIVE AND CREMENT 177.705	2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
0.00 00000MM INTERNACE & REPAIRS 775, 256 4, 543, 317 7.00 00700 0000FMERT ROIN OF PLANT 1, 1917, 767 285, 885 10, 923, 464 8.00 10000FMERT ROIN OF PLANT 1, 1917, 767 285, 885 10, 923, 464 8.00 10000FMERT ROIN OF PLANT 1, 1917, 767 285, 885 10, 923, 464 8.00 10000FMERT ROIN OF PLANT 1, 1917,	4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.000000   0.000000   0.00000000	5.05		34, 473, 420					5. 05
8.00   0.0000   DAUBORY & LINEN SERVICE   113, 929   6. 861   17, 467   691, 988   8. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1 1	1		1			6. 00
0.00 0.0000   DUSENCER IN G 0.000   DUSENCER IN G 0.000   THE OLD THE PARK 11.00   THE OLD THE P		1 1						7. 00
10.00   01000   DETARY			1			691, 988	4 000 470	
11.00 0 1100 CAFETERIA			1			0		
13.00   01300   MURSING ADMINISTRATION			1		1			
14.00   01400   CHYBAL SPRIVERS & SUPPLY   242, 374   96, 974   247, 242   0   93, 052   146   160   01600   MEDICAL RECORDS & LIBRARY   330, 544   172, 266   439, 050   0   165, 241   160   020   01600   MEDICAL RECORDS & LIBRARY   210, 522   10, 213   26, 038   0, 98   00   170   070		1 1						
15.00 0 1500   PHARMACY   1, 102, 765   58, 132   148, 211   0   55, 781   15.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   106, 241   16.00   107, 241   16.00		1 1			1			14. 00
17. 00 01700   SOCIAL SERVICE   S. 4.27   10.213   26.038   0   9.800   17.00   22.00   22.00   20.00	15. 00		1			0		15. 00
22.00   02200   IAS SERVICES-OTHER PRIOR COSTS APPRY   210, 522   0   0   0   0   0   22.00   23.00	16.00	01600 MEDICAL RECORDS & LIBRARY	330, 544	172, 206	439, 050	0	165, 241	16. 00
23.00   0300   PARAMED ED PROM LAB 4-11   11,742   0   0   0   0   23.00   23.01	17. 00	01700 SOCIAL SERVICE	3, 427	10, 213	26, 038	0	9, 800	17. 00
23.01   02301   PARAMED ED PREM - LAB 4-1   11,742   0   0   0   0   0   23.01   02302   PARAMED ED PREM - RADIOLOGY   17,418   0   0   0   0   0   0   0   0   23.01   02302   PARAMED ED PREM - RADIOLOGY   17,418   0   0   0   0   0   0   0   0   23.01   02302   PARAMED ED PREM - RESP. THER   16,776   0   0   0   0   0   0   0   0   0			1	0	0	0		22. 00
23.0 C   0330C   PARAMED ED PREM - RADI OLOGY   17,418			1	0	0	0	_	23. 00
23.0 d) 02303 PARAMED ED PROM - RESP THER 16.776 0 0 0 0 0 0 0 0 0 2.2 0.0 23.0 for 3004 PARAMED ED PROM - PARAMED ED PROM - PARAMED ED PROM - PARAMED ED PROM - LAB 3-1 1.0 0 02306 PARAMED ED PROM - LAB 3-1 1.0 0 02306 PARAMED ED PROM - LAB 3-1 1.0 0 02300 PARAMED ED PARAMED ED PROM - LAB 3-1 1.0 0 02300 PARAMED ED PARAMED ED PROM - LAB 3-1 1.0 0 02300 PARAMED ED PARAMED ED PARAMED ED PARAMED ED PROM - LAB 3-1 1.0 0 02300 PARAMED ED PA				0	0	0		
23.0   02306   PARAMED ED PRICM-EMITY   124,755   0   0   0   0   0   23.0			1	0		0	_	
23. 06   02306   PARAMED ED PRIGNI-EMT   20, 461   42, 849   109, 247   0   41, 116   23   23   60   2306   PARAMED ED PRIGNI - LAB 3+1   14,063   0   0   0   0   0   23   0   24   23   24   24   24   24   24   24			1	0	0	0	_	
23.0				42 849	109 247	0		
INPAIL INT ROUTI NE SERVICE COST CENTERS   1, 184, 168   3, 019, 121   487, 760   1, 136, 281   30. 00   0300 ADULTS & PEDIA PRICES   1, 184, 168   1, 184, 168   3, 019, 121   487, 760   1, 136, 281   30. 00   3010 ADULTS & PEDIA PRICES   1, 184, 168   445, 884   83, 182   167, 813   31. 00   4000 ADUROSON INTERSIVE CARE UNIT   377, 469   0 0 0 0 11, 362   0 35. 00   40. 00   4000 AUROSON INTERSIVE CARE UNIT   377, 469   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				12,047	1	0		
30.00	20.00		11,000					20.00
35.00   0.2040   NEMBORN   INTENSIVE CARE UNIT   377, 469   0   0   0   0   0   0   0   0   0	30.00		4, 762, 258	1, 184, 168	3, 019, 121	487, 760	1, 136, 281	30.00
40.00   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000	31.00	03100 INTENSIVE CARE UNIT	851, 081	174, 886	445, 884	83, 182	167, 813	31. 00
33 0   04300   NURSERY   356, 389   0   0   0   20, 629   0   43, 07	35.00	02040 NEWBORN INTENSIVE CARE UNIT	377, 469	0	0	11, 362	0	35. 00
44. 00 04400 SKILLER NURSING FACILITY 0 0 0 0 0 0 44. 00 ANGLILARY SERVICE COST CENTERS  50. 00 DOSOO DIVESTING FACILITY 0 0 0 0 0 0 318, 992 50. 00 DOSOO DIVESTING FROOM 4411,715 322,436 847,569 0 318,992 50. 01 DSOOI OPERATIS SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	40.00	1 1	1, 330, 698	0	0	0	0	40. 00
ABOON   ABOO		1 1	1	0	0	20, 629		43. 00
ANCILLARY SERVICE COST CENTERS   SO			1	0	0	0		44.00
SOLICATION   SOL	45. 00		0	0	0	0	0	45.00
SO. 01   05001   05001   05001   05001   05001   05001   05001   05001   05001   05001   05002   010002   01107   01	50 00		441 715	333 436	947 560	0	218 002	50 00
SOLO   05002			441, 713	332, 430	047, 307	0		
S1-00   O   O   O   O   O   O   O   O   O			337, 101	253. 933	647, 421	0	_	50. 02
54.00   05400   RADIOLOGY-DIAGNOSTIC   446, 890   153, 634   391, 701   0   147, 421   54.00   54.01   54.01   54.01   54.01   54.01   54.01   54.02   54.02   05402   ULTRASOUND   145, 684   18, 463   47, 072   0   17, 716   54.02   55.01   05500   RADIOLOGY-THERAPEUTI C   0   0   0   0   0   0   0   55.01   05500   05500   CARDITED TOMOGRAPHY   264, 759   18, 890   48, 160   0   18, 126   55.01   05500   05500   CARDITED TOMOGRAPHY   264, 759   18, 890   48, 160   0   0   0   0   0   0   0   0   0		1 1		0	1	0		51.00
54. 01   05401   RADI OLOGY SPECI AL PROCEDURES   215, 823   37, 089   94, 560   0   35, 589   54, 0°   25. 0°	53.00	05300 ANESTHESI OLOGY	782, 355	0	0	0	0	53. 00
54.02   05402   UITRASQUIND	54.00		446, 890	153, 634	391, 701	0	147, 421	54. 00
55. 00         05500 RSDO I COMPUTED TOMOGRAPHY         264, 759         18, 890         48, 160         0         18, 126         55. 01           57. 00         05700 CT SCAN         0         0         0         0         0         0         0         0         57. 00         <			1		1	0		54. 01
55. 01   05501   COMPUTED TOMOGRAPHY   264,759   18,890   48,160   0   18,126   55.0°   57. 00   05700   CT SCAN   0 0 0 0 0 0 0 0   57.00°   58. 00   05800   MRI   0 0 0 0 0 0 0 0 0 0 58.00°   59. 00   05900   CARDI AC CATHETERI ZATI ON   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1	145, 684	18, 463	47, 072	0		54. 02
57. 00   05700   CT SCAN   0   0   0   0   0   0   0   57. 00   58. 00   05800   MRI   0   0   0   0   0   0   0   58. 00   59. 00   05900   CARDI AC CATHETERI ZATI ON   0   0   0   0   0   0   59. 00   60. 01   06000   LABORATORY   1, 295, 922   126, 113   321, 533   0   121, 013   60. 01   06001   BLOOD LABORATORY   0   0   0   0   0   0   63. 00   06300   BLOOD STORI NO, PROCESSI NG & TRANS.   30   0   0   0   0   0   63. 01   06301   NUCLEAR MEDI CI NE   94, 317   24, 968   63, 658   0   23, 958   63. 00   65. 00   06500   RESPI RATORY THERAPY   652, 414   50, 100   127, 733   0   48, 074   65. 00   66. 00   06600   PHYSI CAL THERAPY   691, 093   129, 620   330, 475   0   124, 378   66. 00   66. 00   06600   PHYSI CAL THERAPY   192, 173   11, 975   30, 532   0   11, 491   67. 00   66. 00   06600   ELECTROCARDI OLOGY   102, 963   37, 107   94, 607   0   35, 606   68. 00   69. 00   06900   ELECTROCARDI OLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 00   69. 00   0700   CULDATI OLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 00   69. 00   0700   CULDATI CHERAPY   1, 6, 071   16, 936   43, 180   0   16, 251   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   6,38, 641   0   0   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   6,38, 641   0   0   0   0   0   0   74. 01   03950   ORTHOPEDI CS   2, 834   8, 404   21, 428   0   8, 065   76. 00   76. 01   03950   ORTHOPEDI CS   2, 834   8, 404   21, 428   0   8, 065   76. 00   76. 04   03190   RADI ATI NO NOCOLOGY   55, 733   166, 063   423, 391   0   159, 348   76. 00   76. 05   03951   MRI   000   0   0   0   0   0   0   0   76. 06   03952   BARI ATRI C CENTER   0   0   0   0   0   0   0   76. 07   03550   OSTROPHEDI CS   234, 476   73, 996   188, 658   0   0   10, 936   76. 00   76. 07   03550   OSTROPHEDI CS   234, 476   73, 996   188, 658   0   0   0   0   0   76. 07   03550   OSTROPHEDI CS   234, 476   73, 996   188, 658   0   0   0   0   0   76. 07   03550   OSTROPHEDI CS   234, 476   73, 996   188, 658   0			0/4 750	10.000	10 1/0	0	_	
58. 00   05800   NRI			264, 759	18, 890	48, 160	0		
59,00         05900         CARDI AC CATHETERI ZATI ON         0         0         0         0         59,00           60.00         06000         CARDIA TORY         1, 295, 922         126, 113         321, 533         0         121, 013         60. 00           63. 01         06300 BLODD STORI NG, PROCESSI NG & TRANS.         30         0         0         0         0         0         60. 00           63. 01         06301 NUCLEAR MEDIC I NE         94, 317         24, 968         63, 658         0         23, 958         63. 07           65. 00         06500 RESPI RATORY THERAPY         652, 414         50, 100         127, 733         0         48, 074         65. 00           66. 00         06600 PHYSI CAL THERAPY         691, 093         129, 620         330, 475         0         124, 378         66. 00           67. 00         06700 OCUPATI ONAL THERAPY         192, 173         11, 975         30, 532         0         11, 491         67. 00           69. 00         06900 ELECTROCARDI OLOGY         164, 845         20, 852         53, 164         0         20, 00           70. 00         07000 DELECTROCARDI OLOGY         164, 845         20, 852         53, 164         0         0         0         0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_</td> <td></td>			0	0	0	0	_	
60.00   06000   LABORATORY   1,295,922   126,113   321,533   0   121,013   60.00   60.01   06001   BLOOD LABORATORY   0   0   0   0   0   0   0   0   0		1		0		0	_	
60.01   06001   BLOOD LABORATORY   0   0   0   0   0   0   60.07   63.00   06300   BLOOD STORING, PROCESSING & TRANS.   30   0   0   0   0   0   0   0   63.01   06301   NUCLEAR MEDICINE   94, 317   24, 968   63, 6558   0   23, 958   63. 07   65.00   06500   RESPIRATORY THERAPY   652, 414   50, 100   127, 733   0   48, 074   65. 07   66.00   06600   PHYSI CAL THERAPY   691, 093   129, 620   330, 475   0   124, 378   66. 07   67.00   06700   0CCUPATI ONAL THERAPY   192, 173   11, 975   30, 532   0   11, 491   67. 07   68.00   06800   SPEECH PATHOLOGY   102, 963   37, 107   94, 607   0   35, 606   68. 07   69.00   06900   ELECTROCARDI OLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 07   69.00   07000   ELECTROCARDI OLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 07   69.00   07000   MEDICAL SUPPLIES CHARGED TO PATIENT   1, 345, 487   0   0   0   0   0   16, 251   70. 07   67.00   07300   DRUGS CHARGED TO PATIENT   4, 893, 737   0   0   0   0   0   0   73. 07   68.00   03020   PAIN CLINIC   0   0   0   0   0   0   0   73. 07   69.00   03020   PAIN CLINIC   0   0   0   0   0   0   0   0   0   69.00   03140   CARDI OVASCULAR SERVI CES   234, 476   73, 996   188, 658   0   71, 003   76. 07   76. 07   03550   08710   ACRDI OVASCULAR SERVI CES   234, 476   73, 996   188, 658   0   71, 003   76. 07   76. 07   03550   03951   MRI   61, 536   36, 362   92, 707   0   34, 891   76. 07   76. 07   03550   03951   MRI   61, 536   36, 362   92, 707   0   34, 891   76. 07   76. 07   03550   03955   MUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59, 377   151, 385   0   576, 975   76. 07   76. 07   03955   MUND CARE   83, 510   59			1, 295, 922	126, 113	321, 533	0		
63. 00   06300   BLOOD STORING, PROCESSING & TRANS.   30   0   0   0   0   3, 063.01   63. 01   06301   NUCLEAR MEDIC INE   94, 317   24, 968   63, 658   0   23, 958   65. 00   06500   RESPI RATORY THERAPY   652, 414   50, 100   127, 733   0   48, 074   65. 00   66. 00   06600   PHYSI CAL THERAPY   691, 093   129, 620   330, 475   0   124, 378   66. 00   06700   OCCUPATI ONAL THERAPY   192, 173   11, 975   30, 532   0   11, 491   67. 00   68. 00   06800   SPECEP PATHOLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 00   69. 00   06900   ELECTROCARDI OLOGY   164, 845   20, 852   53, 164   0   20, 009   69. 00   70. 00   07000   ELECTROENCEPHAL OGRAPHY   16, 071   16, 936   43, 180   0   16, 251   70. 00   71. 00   07000   ELECTROENCEPHAL OGRAPHY   1, 345, 487   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   638, 641   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   638, 641   0   0   0   0   76. 01   03950   ORTHOPEDI CS   2, 834   8, 404   21, 428   0   8, 065   76. 00   76. 02   03140   CARDI OVASCULAR SERVI CES   234, 476   73, 996   188, 658   0   71, 003   76. 00   76. 04   03190   RADI ATI ION ONCOLOGY   55, 733   166, 063   423, 391   0   159, 348   76. 00   76. 05   03951   MRI   61, 536   36, 362   92, 707   0   34, 891   76. 00   76. 06   03952   BARI ATRI C CENTER   0   0   0   0   0   76. 07   03550   PSYCH ACTIVITY THERAPY   612, 642   0   0   0   0   76. 07   03955   WOUND CARE   83, 510   59, 377   151, 385   0   56, 975   76. 00   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   0   76. 01   03955   CARE TRANSI TI ON CENTER   1, 365   0   0   76. 01   03955			1			0		60. 01
65. 00   06500   RESPI RATORY THERAPY   652, 414   50, 100   127, 733   0   48,074   65. 00   66.00   06600   PHYSI CAL THERAPY   691,093   129,620   330,475   0   124,378   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   192,173   11,975   30,532   0   11,491   67. 00   68. 00   06800   SPEECH PATHOLOGY   102,963   37,107   94,607   0   35,606   68. 00   69. 00   69. 00   ELECTROCARDI OLOGY   164,845   20,852   53,164   0   20,009   69. 00   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENT   1,345,487   0   0   0   0   0   0   0   0   0			30	0	0	0	0	63.00
66. 00 06600 PHYSICAL THERAPY 691, 093 129, 620 330, 475 0 124, 378 66. 00 6700 0CCUPATI ONAL THERAPY 192, 173 11, 975 30, 532 0 111, 491 67. 00 680  SPECH PATHOLOGY 102, 963 37, 107 94, 607 0 35, 606 68. 00 6900 ELECTROCARDI OLOGY 164, 845 20, 852 53, 164 0 20, 009 69. 00 07000 ELECTROCARDI OLOGY 164, 845 20, 852 53, 164 0 20, 009 69. 00 07000 MEDI CAL SUPPLIES CHARGED TO PATI ENT 1, 345, 487 0 0 0 0 0 16, 251 70. 00 72. 00 7200 IMPL. DEV. CHARGED TO PATI ENT 4, 893, 737 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 4, 893, 737 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 4, 893, 737 0 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATI ENTS 4, 893, 737 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	63. 01	06301 NUCLEAR MEDICINE	94, 317	24, 968	63, 658	0	23, 958	63. 01
67. 00 06700 0CCUPATI ONAL THERAPY 192, 173 11, 975 30, 532 0 11, 491 67. 00 68. 00 06800 SPEECH PATHOLOGY 102, 963 37, 107 94, 607 0 35, 606 68. 00 06900 ELECTROCARDI OLOGY 164, 845 20, 852 53, 164 0 20, 009 69. 00 07000 ELECTROCARDI OLOGY 164, 845 20, 852 53, 164 0 20, 009 69. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 1, 345, 487 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 1						65. 00
68. 00 06800 SPEECH PATHOLOGY 102, 963 37, 107 94, 607 0 35, 606 68. 00 69. 00 06900 ELECTROCARDI OLOGY 164, 845 20, 852 53, 164 0 20, 009 69. 00 70. 00 70. 00 ELECTROENCEPHALOGRAPHY 16, 071 16, 936 43, 180 0 16, 251 70. 00 71		1 1			1			66. 00
69. 00					1			67. 00
70. 00         07000   CLECTROENCEPHALOGRAPHY         16, 071   16, 936   43, 180   0   16, 251   70. 00           71. 00   O7100   MEDI CAL SUPPLIES CHARGED TO PATIENT         1, 345, 487   0   0   0   0   0   0   0   0   0		1	1		1			
71. 00			1					
72. 00         07200         IMPL. DEV. CHARGED TO PATIENTS         638, 641         0         0         0         0         72. 00           73. 00         07300         DRUGS CHARGED TO PATIENTS         4, 893, 737         0		1 1		10, 930	1	0		
73. 00         07300         DRUGS CHARGED TO PATIENTS         4,893,737         0         0         0         0         73. 00         73. 00         15, 292         76. 0         0         0         0         15, 292         76. 0         0         0         0         15, 292         76. 0         0         0         0         15, 292 <t< td=""><td></td><td>1 1</td><td></td><td>0</td><td></td><td>0</td><td></td><td></td></t<>		1 1		0		0		
76. 00         03020 ORTHOPEDICS         PAIN CLINIC         0         0         0         0         76. 00			1	0	0	0		•
76. 01       03950       ORTHOPEDICS       2, 834       8, 404       21, 428       0       8, 065       76. 0         76. 02       03140       CARDI OVASCULAR SERVI CES       234, 476       73, 996       188, 658       0       71, 003       76. 0         76. 03       03957       CARDI AC REHABI LI TATI ON       104, 156       15, 937       40, 632       0       15, 292       76. 0         76. 04       03190       RADI ATI ON ONCOLOGY       55, 733       166, 063       423, 391       0       159, 348       76. 0         76. 05       03951       MRI       61, 536       36, 362       92, 707       0       34, 891       76. 0         76. 07       03550       PSYCH ACTI VI TY THERAPY       612, 642       0       0       0       0       0       76. 0         76. 09       03953       WOUND CARE       83, 510       59, 377       151, 385       0       56, 975       76. 0         76. 10       03955       INFUSION       792, 923       6, 033       15, 382       0       5, 789       76. 10         76. 11       03956       CARE TRANSITION CENTER       1, 365       0       0       0       0       0       76. 10		1 1	0	0	Ö	0		76. 00
76. 02       03140       CARDI OVASCULAR SERVI CES       234, 476       73, 996       188, 658       0       71, 003       76. 02         76. 03       03957       CARDI AC REHABI LI TATI ON       104, 156       15, 937       40, 632       0       15, 292       76. 03         76. 04       03190       RADI ATI ON ONCOLOGY       55, 733       166, 063       423, 391       0       159, 348       76. 0         76. 05       03951       MRI       61, 536       36, 362       92, 707       0       34, 891       76. 0         76. 06       03952       BARI ATRI C CENTER       0       0       0       0       0       76. 0         76. 07       03550       PSYCH ACTI VI TY THERAPY       612, 642       0       0       0       0       76. 0         76. 08       03953       WOUND CARE       83, 510       59, 377       151, 385       0       56, 975       76. 0         76. 10       03955       INFUSI ON       792, 923       6, 033       15, 382       0       5, 789       76. 10         76. 11       03956       CARE TRANSI TI ON CENTER       1, 365       0       0       0       0       0       76. 10			2, 834	8, 404	21, 428	0	8, 065	76. 01
76. 04         03190         RADI ATI ON ONCOLOGY         55, 733         166, 063         423, 391         0         159, 348         76. 04           76. 05         03951         MRI         61, 536         36, 362         92, 707         0         34, 891         76. 05           76. 06         03952         BARI ATRI C CENTER         0         0         0         0         0         0         76. 06           76. 07         03550         PSYCH ACTI VITY THERAPY         612, 642         0         0         0         0         0         76. 07           76. 08         03953         WOUND CARE         83, 510         59, 377         151, 385         0         56, 975         76. 07           76. 10         03954         RENAL DI ALYSI S         213, 125         114, 673         292, 368         0         110, 036         76. 00           76. 11         03956         LARE TRANSITION CENTER         1, 365         0         0         0         0         76. 10	76. 02	1 1	1				71, 003	76. 02
76. 05     03951 MRI     61,536     36,362     92,707     0     34,891     76.06       76. 06     03952 BARI ATRI C CENTER     0     0     0     0     0     76.00       76. 07     03550 PSYCH ACTI VI TY THERAPY     612,642     0     0     0     0     76.00       76. 08     03953 WOUND CARE     83,510     59,377     151,385     0     56,757     76.00       76. 10     03954 RENAL DI ALYSI S     213,125     114,673     292,368     0     110,036     76.00       76. 10     03955 INFUSION     792,923     6,033     15,382     0     5,789     76.10       76. 11     03956 CARE TRANSITION CENTER     1,365     0     0     0     0     76.11		1 1	104, 156					76. 03
76. 06       03952       BARI ATRI C CENTER       0       0       0       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       0       76. 00       76. 00       76. 00       0       76. 00       76. 00       0       76. 00						0		76. 04
76. 07         03550         PSYCH ACTIVITY THERAPY         612, 642         0         0         0         0         76. 00 <td></td> <td>1 1</td> <td>1</td> <td>36, 362</td> <td>1</td> <td>0</td> <td></td> <td>76. 05</td>		1 1	1	36, 362	1	0		76. 05
76. 08     03953     WOUND CARE     83, 510     59, 377     151, 385     0     56, 975     76. 08       76. 09     03954     RENAL DI ALYSI S     213, 125     114, 673     292, 368     0     110, 036     76. 09       76. 10     03955     I NFUSI ON     792, 923     6, 033     15, 382     0     5, 789     76. 10       76. 11     03956     CARE TRANSITI ON CENTER     1, 365     0     0     0     0     76. 11		1 1	1	0	0	0		76. 06
76. 09     03954     RENAL DIALYSIS     213, 125     114, 673     292, 368     0     110, 036     76. 00       76. 10     03955     INFUSION     792, 923     6, 033     15, 382     0     5, 789     76. 10       76. 11     03956     CARE TRANSITION CENTER     1, 365     0     0     0     0     76. 11		1 1		0	0	0	_	76. 07
76. 10 03955 INFUSION 792, 923 6, 033 15, 382 0 5, 789 76. 10 03956 CARE TRANSITION CENTER 1, 365 0 0 0 76. 1		1 1						
76. 11   03956   CARE TRANSITION CENTER			1					•
		1 1	1	0,033		0		
		03958 ANTI COAGULATI ON CLI NI C	112, 324	0	_	0		76. 11
		<u>,                                      </u>					•	

Peri od: Worksheet B From 01/01/2020 Part I

			Ť	0 12/31/2020	Date/Time Pre 7/29/2021 12:	pared: 48 pm
Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
· ·	ADMI NI STRATI VE	REPAI RS	PLANT	LINEN SERVICE		
	AND GENERAL					
	5. 05	6. 00	7. 00	8. 00	9. 00	
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00  09000 CLI NI C	0	0	0	0	0	90.00
90. 01  09001 OCC HEALTH CLINIC	65, 299	0	0	0	0	90. 01
90. 02   09002 CARDI OLOGY CLI NI C	0	0	0	0	0	90. 02
90. 03 09003 SPECIALTY CLINIC	10, 331	0	0	0	0	90. 03
91. 00 09100 EMERGENCY	2, 332, 178	141, 677	361, 215	0	135, 947	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		· ·	•			92.00
OTHER REIMBURSABLE COST CENTERS	'					
99. 00 09900 CMHC	0	0	0	0	0	99. 00
99. 10   09910   CORF	0	0	0	0	0	99. 10
101.00 10100 HOME HEALTH AGENCY	1, 784, 424	106, 841	272, 400	0	102, 521	101.00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	34, 086, 695	4, 298, 815	10, 300, 088	602, 933	3, 774, 065	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19, 855		31, 366	0	11, 805	
190. 01 19001 CONVENT	2, 428	0	0	0		190. 01
190. 02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0		190. 02
190.03 19003 MEDICAL ARTS BUILDING	36, 252	0	0	0		190. 03
190.04 19004 WOMEN'S HEALTH CENTER	15, 964	10, 431	26, 594	0	10, 009	
190. 05 19005 DEVELOPMENT	0	0	0	0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	88, 096	0	0	0	0	190. 06
190. 07 19007 I MAGE RECOVERY	0	0	0	0	0	190. 07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190. 08
190. 09 19009 MDWI SE	0	0	0	0	0	190. 09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190. 10
190. 11 19011 CENTER OF HOPE	14, 015	4, 570	11, 652	0	4, 385	190. 11
190. 12 19012 SELECT	0	0	0	0	0	190. 12
190. 13 19013 PERCI NI AS	0	0	0	0	0	190. 13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	56, 315	143, 578	0	54, 037	192. 00
192. 01 19201 WORKI NG WELL	149, 555	0	0	0	0	192. 01
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194. 01 07951 REHAB	60, 560	160, 884	410, 186	89, 055	154, 378	194. 01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	О	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	34, 473, 420	4, 543, 317	10, 923, 464	691, 988	4, 008, 679	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2020 | Part I | To 12/31/2020 | Date/Time Prepared: | 7/29/2021 12: 48 pm

				7 12/31/2020	7/29/2021 12:	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES &	PHARMACY	·
				SUPPLY		
CENEDAL SERVICE COST CENTERS	10.00	11. 00	13. 00	14. 00	15. 00	
GENERAL SERVICE COST CENTERS  1. 00 00100 CAP REL COSTS-BLDG & FLXT						1. 00
2. 00   00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL						5. 05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00   00800 LAUNDRY & LINEN SERVICE						8.00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00  01000  DI ETARY	1, 278, 579					10.00
11. 00   01100   CAFETERI A	0	1, 753, 824				11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	0	114, 069		4 040 007		13.00
14. 00   01400   CENTRAL SERVI CES & SUPPLY	0	10, 529		1, 868, 207	( 010 4/0	14. 00
15. 00   O1500   PHARMACY 16. 00   O1600   MEDI CAL RECORDS & LI BRARY		87, 691 12, 419		0	6, 812, 468 0	15. 00 16. 00
17. 00 01700 SOCIAL SERVICE	0	12, 417		0	0	17. 00
22. 00   02200   L&R SERVICES-OTHER PRGM COSTS APPRV		5, 284		0	0	22. 00
23. 00   02300   PARAMED   ED   PRGM- (SPECIFY)	o o	0, 201		Ö	0	23. 00
23. 01   02301   PARAMED ED   PRGM - LAB   4+1	o	2, 627	o o	0	0	23. 01
23. 02   02302   PARAMED ED PRGM - RADI OLOGY	0	2, 588		0	0	23. 02
23.03 02303 PARAMED ED PRGM - RESP THER	o	2, 657	0	0	0	23.03
23.04 O2304 PARAMED ED PRGM-PHARMACY	0	20, 670	0	0	0	23. 04
23. 05   02305   PARAMED ED PRGM-EMT	0	557		0	0	23. 05
23. 06   02306   PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23. 06
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	1 200 (70	547.004		ام		
30. 00   03000   ADULTS & PEDI ATRI CS	1, 038, 678	517, 991		0	0	30.00
31. 00   03100   INTENSI VE CARE UNIT 35. 00   02040   NEWBORN   INTENSI VE CARE UNIT	177, 116 24, 194	89, 299 24, 594		0	0	31. 00 35. 00
40. 00   04000   SUBPROVI DER -   1 PF	24, 174	24, 374	312, 162	0	0	40. 00
43. 00   04300   NURSERY	0	0		0	0	43. 00
44. 00 04400 SKI LLED NURSING FACILITY		0		0	Ö	44. 00
45. 00 04500 NURSING FACILITY	o	Ö		0	0	45. 00
ANCILLARY SERVICE COST CENTERS	·		1	-"		
50. 00 05000 OPERATING ROOM	0	26, 767	203, 073	0	0	50.00
50. 01 05001 OPEN HEART SURGERY	0	0	0	0	0	50. 01
50. 02 05002 OUTPATI ENT SURGERY	0	23, 730		0	0	50. 02
51. 00   05100   RECOVERY ROOM	0	8, 586		0	0	51. 00
53. 00   05300   ANESTHESI OLOGY	0	2, 518		0	0	53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	66, 261		0	0	54.00
54. 01   05401   RADI OLOGY   SPECI AL   PROCEDURES   54. 02   05402   ULTRASOUND	0	18, 995 13, 154		0	0	54. 01 54. 02
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	13, 134	3, 110	0	0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY		17, 081	-	0	Ö	55. 01
57. 00 05700 CT SCAN	o o	17,001	0	Ö	0	57. 00
58. 00   05800 MRI	O	O	o	0	0	58.00
59. 00   05900 CARDI AC CATHETERI ZATI ON	0	0	o	0	0	59.00
60. 00   06000   LABORATORY	0	0	0	0	0	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63. 01   06301   NUCLEAR MEDICINE	0	4, 843		0	0	63. 01
65. 00 06500 RESPI RATORY THERAPY	0	53, 478		0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	71, 170		0	0	66.00
67. 00   06700 OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY		16, 874 8, 175		0	0	67. 00 68. 00
69. 00   06900   ELECTROCARDI OLOGY	0	15, 904		0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	584		0	0	70. 00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	, , , , , , , , , ,	1, 382, 473	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	o o	0	ol ol	485, 734	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	O	O	o	0	6, 812, 468	73.00
76. 00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76. 01 03950 ORTHOPEDI CS	o	0	0	0	0	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	23, 630	172, 534	0	0	76. 02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	9, 371	52, 535	0	0	76. 03
76. 04   03190   RADI ATI ON ONCOLOGY	0	0	0	0	0	76. 04
76. 05   03951   MRI	0	4, 560		0	0	76. 05
76. 06 03952 BARI ATRI C CENTER	0	0	0	0	0	76.06
76. 07   03550   PSYCH ACTIVITY THERAPY 76. 08   03953   WOUND CARE		8, 873	74, 008	0	0	76. 07 76. 08
76. 08   03953   WOUND CARE 76. 09   03954   RENAL DIALYSIS		გ, გ/პ ი	74,008	O O	0	76. 08 76. 09
76. 10   03955   NFUSI ON		76, 095	887	0	0	76. 09 76. 10
76. 11 03956 CARE TRANSITION CENTER		, 0, 0, 0		o	0	76. 10
76. 12 03958 ANTI COAGULATI ON CLINI C	Ö	10, 372	-	Ö	0	76. 12
		•		- 1		

			To	12/31/2020	Date/Time Pre 7/29/2021 12:	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	46 pili
			ADMI NI STRATI ON	SERVICES &		
				SUPPLY		
	10.00	11. 00	13. 00	14. 00	15. 00	
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC	0	0	0	0	0	00.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00  09000   CLI NI C	0	0	0	0	0	90. 00
90. 01 09001 OCC HEALTH CLINIC	0	8, 340	0	0	0	90. 01
90. 02   09002 CARDI OLOGY CLI NI C	0	0	0	0	0	
90. 03   09003   SPECI ALTY CLI NI C	0	519		0	0	90. 03
91. 00   09100   EMERGENCY	0	162, 037	1, 121, 097	0	0	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00   09900   CMHC	0	0	0	0	0	1 / / / 00
99. 10   09910   CORF	0	0	0	0	0	
101.00 10100 HOME HEALTH AGENCY	0	183, 332	1, 177, 060	0	0	101. 00
SPECIAL PURPOSE COST CENTERS	T		1	1		
113. 00 11300   I NTEREST EXPENSE						113. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 239, 988	1, 726, 224	7, 596, 335	1, 868, 207	6, 812, 468	1118.00
NONREIMBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2, 256	l ol	ما	0	190. 00
190. 00 19000 GTFT, FLOWER, COFFEE SHOP & CANTEEN		2, 200		0		190. 00
190. 01 19001 CONVENT 190. 02 19002 HOME MEDI CAL EQUI PMENT		0		0		190. 01
190. 03 19003 MEDI CAL ARTS BUILDING		0		0		190. 02
190. 04 19004 WOMEN' S HEALTH CENTER		2, 647		0		190. 03
190. 05 19005 DEVELOPMENT		2, 047		0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES		2, 835		0		190. 06
190. 07 19007 I MAGE RECOVERY	0	2, 000	j o	0		190. 07
190. 08 19008 FAMILY SERVICES	0	0	o o	0		190. 08
190. 09 19009 MDWI SE	0	0	o o	0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	o	0	ol ol	o		190. 10
190. 11 19011 CENTER OF HOPE	o	1, 461	8, 005	o		190. 11
190. 12 19012 SELECT	o	0	· 0	o	0	190. 12
190. 13 19013 PERCI NI AS	0	0	o	o	0	190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	o	2, 557	191, 989	0	0	192. 00
192. 01 19201 WORKI NG WELL	o	15, 844	36, 021	0	0	192. 01
193. 00 19300 NONPALD WORKERS	O	0	0	o	0	193. 00
194. 01 07951 REHAB	38, 591	0	0	o	0	194. 01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 278, 579	1, 753, 824	7, 832, 350	1, 868, 207	6, 812, 468	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004 

				To	12/31/2020	Date/Time Pre 7/29/2021 12:	
	Cost Center Description	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
	JOSUS DA LA COLONIA DE LA COLO	16. 00	17. 00	22. 00	23. 00	23. 01	
1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 11. 00 13. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06	GENERAL SERVICE COST CENTERS  00100 CAP REL COSTS-BLDG & FIXT  00200 CAP REL COSTS-BUDG & FIXT  00200 CAP REL COSTS-MVBLE EQUIP  00400 EMPLOYEE BENEFITS DEPARTMENT  00590 OTHER ADMINISTRATIVE AND GENERAL  00600 MAINTENANCE & REPAIRS  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  02200 I&R SERVICES-OTHER PRGM COSTS APPRV  02300 PARAMED ED PRGM - LAB 4+1  02302 PARAMED ED PRGM - RADIOLOGY  02303 PARAMED ED PRGM - RESP THER  02304 PARAMED ED PRGM - RESP THER  02306 PARAMED ED PRGM - LAB 3+1  LENDALENT DELEVICES COST CENTERS	2, 726, 040 0 0 0 0 0 0 0 0	66, 137 0 0 0 0 0 0		0	247, 254	1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06
30. 00 31. 00	O3000 ADULTS & PEDIATRICS O3100 INTENSIVE CARE UNIT	194, 466 46, 983			0	0 0	30. 00 31. 00
35. 00	02040 NEWBORN INTENSIVE CARE UNIT	8, 512			0	0	35. 00
40. 00 43. 00	04000 SUBPROVI DER - I PF 04300 NURSERY	67, 024 8, 448	1		0	0	40. 00 43. 00
44. 00	04400 SKI LLED NURSING FACILITY	0, 440	l .		0	0	44. 00
45. 00	04500 NURSING FACILITY	0			0	l e	45. 00
	ANCILLARY SERVICE COST CENTERS	,					
50. 00 50. 01 50. 02 51. 00 53. 00	05000 OPERATING ROOM 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	98, 587 0 14, 163 13, 962 37, 377	345 341	0 0 0	0 0 0 0	0	50. 00 50. 01 50. 02 51. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	38, 065			0	0	54. 00
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	38, 284			0	Ö	54. 01
54. 02	05402 ULTRASOUND	33, 073	807	0	0	0	54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C	120.740	_	-	0	0	55. 00
55. 01 57. 00	05501 COMPUTED TOMOGRAPHY 05700 CT SCAN	128, 748			0	0	55. 01 57. 00
		0	Ö	Ō	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59. 00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	213, 336	5, 203 0		0	202, 748	60. 00 60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	4, 970	121	Ö	0	39, 561	63. 00
63. 01	06301 NUCLEAR MEDICINE	10, 664			0	4, 945	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	43, 214 23, 261			0	0	65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	17, 442			0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	9, 674	l .		0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	45, 783	1		0	0	69. 00
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1, 216 84, 873	l .		0	0	70. 00 71. 00
71.00	07200 I MPL. DEV. CHARGED TO PATIENTS	18, 412			0		71.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	982, 339	l .		0	Ö	73. 00
76. 00	03020 PAIN CLINIC	0	_	0	0	0	76. 00
76. 01 76. 02	03950 ORTHOPEDI CS	0	_	0	0	0	76. 01
	03140   CARDI OVASCULAR   SERVI CES   03957   CARDI AC   REHABI LI TATI ON	55, 613 7, 534			0	0	76. 02 76. 03
76. 04	03190 RADIATION ONCOLOGY	648			0	0	76. 04
76. 05	03951 MRI	24, 501	598		0	0	76. 05
76. 06 76. 07	03952 BARI ATRI C CENTER 03550 PSYCH ACTI VI TY THERAPY	0	_	0	0	0	76. 06 76. 07
76. 07 76. 08	03953 WOUND CARE	5, 760	_		0	0	76. 07 76. 08
76. 09	03954 RENAL DI ALYSI S	9, 603	l .		0	Ö	76. 09
76. 10	03955 I NFUSI ON	65, 116	1, 588	0	0	0	76. 10
/6. 11	03956 CARE TRANSITION CENTER	80	2	0	0	0	76. 11

				To	12/31/2020	Date/Time Pre	pared:
						7/29/2021 12:	48 pm
				INTERNS &			
				RESI DENTS			
	Cost Center Description	MEDI CAL	SOCIAL SERVICE		PARAMED ED	PARAMED ED	
		RECORDS &		PRGM COSTS	PRGM	PRGM - LAB 4+1	
		LI BRARY		APPRV			
		16.00	17. 00	22. 00	23. 00	23. 01	
	03958 ANTICOAGULATION CLINIC	2, 099	51	0	0	0	76. 12
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	O	o	0	0	89. 00
90. 00	09000 CLI NI C	0	0	o	0	0	90.00
90. 01	09001 OCC HEALTH CLINIC	946	23	o	0	0	90. 01
	09002 CARDI OLOGY CLINI C	0	0	Ö	0	0	90. 02
	09003 SPECIALTY CLINIC	0	0	Ö	0	0	90. 03
	09100 EMERGENCY	290, 460	7, 084	1, 239, 028	0	o o	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	270, 400	7,004	1, 237, 020	0	Ŭ	92.00
	OTHER REIMBURSABLE COST CENTERS						72.00
	09900 CMHC	0	0	0	0	0	99. 00
	09910 CORF			0	0	· ·	99. 10
	· ·	_	1	0	0		
	10100 HOME HEALTH AGENCY	80, 804	1, 971	U	0	0	101. 00
	SPECIAL PURPOSE COST CENTERS						
	11300 I NTEREST EXPENSE				_		113. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	2, 726, 040	66, 137	1, 239, 028	0	247, 254	J118. 00
	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	l	190. 00
	19001 CONVENT	0	0	0	0		190. 01
	19002 HOME MEDICAL EQUIPMENT	0	0	0	0		190. 02
190. 03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190. 03
190. 04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190. 04
190. 05	19005 DEVELOPMENT	0	0	0	0	0	190. 05
190. 06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190. 06
190. 07	19007 I MAGE RECOVERY	0	0	0	0	0	190. 07
190. 08	19008 FAMILY SERVICES	0	o	o	0	0	190. 08
190. 09	19009 MDWI SE	0	o	o	0	0	190. 09
	19010 CATHERINE MCAULEY CLINIC	0	0	О	0	0	190. 10
	19011 CENTER OF HOPE	0	0	0	0	0	190. 11
	19012 SELECT	0	0	0	0	0	190, 12
	19013 PERCI NI AS	0	0	Ö	0		190. 13
	19200 PHYSI CLANS' PRI VATE OFFICES		l o	٥	0	l	192. 00
	19201 WORKI NG WELL			١	0	•	192. 01
	19300 NONPALD WORKERS			٥	0		193. 00
	07951 REHAB				0	<b>l</b>	194. 01
200.00	Cross Foot Adjustments				0	1	200. 00
200.00	Negative Cost Centers			0	0	l .	200.00
	TOTAL (sum lines 118 through 201)	2, 726, 040	66, 137	1 220 020	0		
202. 00	TOTAL (Suill TITIES TTO LITTUUGIT 201)	2, 720, 040	1 00, 137	1, 239, 028	Ü	247, 254	1202.00

			'	0 12/31/2020	7/29/2021 12:	
Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	
	PRGM -	PRGM - RESP	PRGM-PHARMACY	PRGM-EMT	PRGM - LAB 3+1	
	RADI OLOGY 23. 02	THER 23. 03	23. 04	23. 05	23. 06	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
2. 00   00200   CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 05   00590 OTHER ADMINISTRATIVE AND GENERAL						5. 05
6.00   00600   MAI NTENANCE & REPAI RS 7.00   00700   OPERATI ON OF PLANT						6. 00 7. 00
8.00   00800 LAUNDRY & LINEN SERVICE	1					8. 00
9. 00   00900   HOUSEKEEPI NG						9. 00
10. 00   01000 DI ETARY						10. 00
11. 00 01100 CAFETERI A						11. 00
13.00 01300 NURSING ADMINISTRATION						13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15. 00   01500   PHARMACY						15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY						16. 00
17. 00   01700   SOCIAL SERVICE						17. 00
22. 00   02200   1 &R SERVI CES-OTHER PRGM COSTS APPRV						22. 00
23. 00   02300   PARAMED ED PRGM (SPECIFY)						23. 00 23. 01
23. 01   02301   PARAMED ED PRGM - LAB 4+1 23. 02   02302   PARAMED ED PRGM - RADI OLOGY	104, 663					23. 01
23. 03   02303   PARAMED ED PRGM - RESP THER	104, 663	100, 973				23. 02
23. 04   02304   PARAMED ED PRGM-PHARMACY		100, 773	751, 785			23. 04
23. 05   02305   PARAMED ED   PRGM-EMT			701,700	313, 679		23. 05
23. 06   02306   PARAMED ED   PRGM - LAB 3+1				0.0,0,7	82, 415	23. 06
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31. 00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35. 00
40. 00   04000   SUBPROVI DER - I PF	0	0	0	0	0	40. 00
43. 00  04300   NURSERY	0	0	0	0	0	43. 00
44. 00   04400   SKI LLED NURSI NG FACI LI TY	0	0	0	_	0	44. 00
45. 00 04500 NURSING FACILITY	0	0	0	0	0	45. 00
ANCILLARY SERVICE COST CENTERS  50. 00   O5000   OPERATING ROOM	l	0	0	ol	0	50. 00
50. 01   05001 OPEN HEART SURGERY		0			0	50. 00
50. 02 05002 OUTPATIENT SURGERY		0		0	0	50. 02
51. 00   05100   RECOVERY   ROOM	0	0	Ö	Ö	0	51. 00
53. 00 05300 ANESTHESI OLOGY	o	0	0	О	0	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	99, 430	0	0	O	0	54.00
54. 01 05401 RADI OLOGY SPECI AL PROCEDURES	2, 093	0	0	0	0	54. 01
54. 02   05402   ULTRASOUND	1, 047	0	0	0	0	54. 02
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
55. 01   05501 COMPUTED TOMOGRAPHY	2, 093	0	0	0	0	55. 01
57. 00   05700   CT   SCAN	0	0	0	0	0	57. 00
58. 00		0	0	0	0	58. 00 59. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY		0		0	0	60.00
60. 01   06001   BLOOD LABORATORY		0		0	0	60. 00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0		0	0	63. 00
63. 01   06301   NUCLEAR   MEDICINE	0	0	l o	o	0	63. 01
65. 00 06500 RESPIRATORY THERAPY	O	100, 973	0	0	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0	0	0	0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	0	67. 00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68. 00
69. 00   06900   ELECTROCARDI OLOGY	0	0	0	0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70. 00
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	751 705	0	0	72.00
73. 00   07300   DRUGS CHARGED TO PATIENTS 76. 00   03020   PAIN CLINIC	0	0	751, 785	0	0	73.00
76. 00   03020   PAI N CLINI C 76. 01   03950   ORTHOPEDI CS		0		0	0	76. 00 76. 01
76. 01   03930 OKTHOPEDI CS 76. 02   03140   CARDI OVASCULAR   SERVI CES		0		0	0	76. 01
76. 03   03957 CARDI AC REHABI LI TATI ON		0		0	0	76. 02
76. 04 03190 RADI ATI ON ONCOLOGY	0	0	0	Ö	0	76. 04
76. 05   03951 MRI		0	l o	ol	0	76. 05
76. 06 03952 BARI ATRI C CENTER		0	0	o	0	76. 06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	o	0	76. 07
76. 08   03953   WOUND CARE	0	0	0	O	0	76. 08
76. 09 03954 RENAL DI ALYSI S	0	0	0	0	0	76. 09
76. 10   03955   I NFUSI ON	0	0	0	0	0	76. 10
76. 11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76. 11
76. 12  03958  ANTI COAGULATI ON CLINIC	0	0	ı O	ı O	0	76. 12

| Period: | Worksheet B | From 01/01/2020 | Part | To 12/31/2020 | Date/Time Prepared:

			To	12/31/2020	Date/Time Pre 7/29/2021 12:	
Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	46 pili
oost contor boson per on	PRGM -	PRGM - RESP	PRGM-PHARMACY		PRGM - LAB 3+1	
	RADI OLOGY	THER				
	23. 02	23. 03	23. 04	23. 05	23. 06	
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89. 00
90. 00  09000  CLI NI C	0	0	0	0	0	90. 00
90. 01  09001 OCC HEALTH CLINIC	0	0	0	0	0	90. 01
90. 02   09002   CARDI OLOGY   CLINI C	0	0	0	0	0	90. 02
90. 03   09003   SPECI ALTY   CLI NI C	0	0	0	0	0	90. 03
91. 00   09100   EMERGENCY	0	0	0	313, 679	82, 415	91. 00
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0		0	0	99. 00
99. 10   09910   CORF	0	0	0	0	0	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS			1			
113. 00 11300   INTEREST EXPENSE	404.440	400.070	754 705	040 (70		113. 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)	104, 663	100, 973	751, 785	313, 679	82, 415	1118.00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	O			0	0	] 190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		190.00
190. 01 19001 CONVENT 190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0		0		190. 01
190. 03 19003 MEDI CAL ARTS BUILDING	0	0		0		190. 02
190. 04 19004 WOMEN' S HEALTH CENTER	0	0		0		190. 03
190. 05 19005 DEVELOPMENT	0	0		0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	o O	0		0		190.06
190. 07 19007 I MAGE RECOVERY	o O	0		0		190. 07
190. 08 19008 FAMILY SERVICES	Ö	0	j o	0		190. 08
190. 09 19009 MDWI SE	0	0	o o	0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	ol	0	o o	0		190. 10
190. 11 19011 CENTER OF HOPE	ol	0	o o	0		190. 11
190. 12 19012 SELECT	o	0	0	0	0	190. 12
190. 13 19013 PERCI NI AS	ol	0	ol ol	0		190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	ol	0	o	0	0	192. 00
192. 01 19201 WORKI NG WELL	o	0	o	0	0	192. 01
193. 00 19300 NONPALD WORKERS	o	0	o	0	0	193. 00
194. 01 07951 REHAB	o	0	o	0		194. 01
200.00 Cross Foot Adjustments	o	0	0	0	0	200. 00
201.00 Negative Cost Centers	o	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	104, 663	100, 973	751, 785	313, 679	82, 415	202. 00

| Peri od: | Worksheet B | From 01/01/2020 | Part | | To 12/31/2020 | Date/Time Prepared: | To 12/31/2020 | Date/Time Prepared: | To 12/31/2020 | Part | Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0004

				T	o 12/31/2020 Date/Time Pr 7/29/2021 12	
	Cost Center Description	Subtotal	Intern &	Total	172772021 12	. 40 piii
	·		Residents Cost			
			& Post			
			Stepdown Adjustments			
		24. 00	25. 00	26.00		
	IERAL SERVICE COST CENTERS					
	100 CAP REL COSTS-BLDG & FIXT					1. 00
1	200 CAP REL COSTS-MVBLE EQUIP					2.00
1	400 EMPLOYEE BENEFITS DEPARTMENT 590 OTHER ADMINISTRATIVE AND GENERAL					4. 00 5. 05
	500 MAINTENANCE & REPAIRS					6. 00
	700 OPERATION OF PLANT					7. 00
8.00 008	BOO LAUNDRY & LINEN SERVICE					8. 00
	HOUSEKEEPI NG					9. 00
	000 DI ETARY					10.00
	100 CAFETERIA					11. 00 13. 00
	300 NURSING ADMINISTRATION 400 CENTRAL SERVICES & SUPPLY					14. 00
	500 PHARMACY					15. 00
	500 MEDICAL RECORDS & LIBRARY					16.00
17. 00   017	700 SOCIAL SERVICE					17. 00
	200 I&R SERVICES-OTHER PRGM COSTS APPRV					22. 00
1	BOO PARAMED ED PRGM-(SPECIFY)					23. 00
	BOOL PARAMED ED PRGM - LAB 4+1					23. 01
	BO2 PARAMED ED PRGM - RADIOLOGY BO3 PARAMED ED PRGM - RESP THER					23. 02 23. 03
1	304 PARAMED ED PRGM-PHARMACY					23. 04
1	BOS PARAMED ED PRGM-EMT					23. 05
1	BO6 PARAMED ED PRGM - LAB 3+1					23. 06
	PATIENT ROUTINE SERVICE COST CENTERS					
	000 ADULTS & PEDI ATRI CS	38, 496, 171	0			30.00
	100 INTENSIVE CARE UNIT 040 NEWBORN INTENSIVE CARE UNIT	7, 175, 821 2, 593, 153	0	7, 175, 821 2, 593, 153		31. 00 35. 00
	000 SUBPROVI DER - I PF	7, 867, 094	0			40. 00
1	BOO NURSERY	2, 117, 868	Ö			43. 00
1	400 SKILLED NURSING FACILITY	0	0			44. 00
	NURSING FACILITY	0	0	0		45. 00
	CILLARY SERVICE COST CENTERS	4 410 4/1	0	4 410 4/1		
	OOO OPERATING ROOM OO1 OPEN HEART SURGERY	4, 418, 461 0	0	4, 418, 461 0		50. 00 50. 01
	002 OUTPATIENT SURGERY	3, 418, 242	0	3, 418, 242		50. 02
	100 RECOVERY ROOM	747, 895	0	747, 895		51. 00
	BOO ANESTHESI OLOGY	4, 625, 727	0	4, 625, 727		53. 00
	400 RADI OLOGY-DI AGNOSTI C	3, 516, 451	0			54. 00
	RADI OLOGY SPECIAL PROCEDURES	1, 594, 290	0	., ,		54. 01
	402 ULTRASOUND 500 RADI OLOGY-THERAPEUTI C	990, 217 0	0			54. 02 55. 00
	501 COMPUTED TOMOGRAPHY	1, 789, 922	0			55. 01
1	700 CT SCAN	0	Ō			57. 00
58. 00   058	800 MRI	0	0	0		58. 00
	POO CARDI AC CATHETERI ZATI ON	0	0	•		59. 00
1	000 LABORATORY	8, 584, 577	0			60.00
1	001 BLOOD LABORATORY 300 BLOOD STORING, PROCESSING & TRANS.	44, 830	0			60. 01 63. 00
	300 BLOOD STOKING, FROCESSING & TRANS.	686, 031	0	,		63. 01
	500 RESPIRATORY THERAPY	4, 248, 038	Ö			65. 00
66. 00 066	600 PHYSI CAL THERAPY	4, 730, 602	0			66. 00
	700 OCCUPATI ONAL THERAPY	1, 214, 952	0	1, 214, 952		67. 00
1	BOO SPEECH PATHOLOGY	788, 810	0	788, 810		68. 00
	900 ELECTROCARDI OLOGY	1, 123, 428	0	., .==, .==		69.00
	000 ELECTROENCEPHALOGRAPHY 100 MEDICAL SUPPLIES CHARGED TO PATIENT	180, 317 9, 354, 521	0			70. 00 71. 00
	200 IMPL. DEV. CHARGED TO PATIENTS	4, 247, 291	Ö			72.00
	BOO DRUGS CHARGED TO PATIENTS	37, 249, 207	0			73. 00
76. 00 030	D20 PAIN CLINIC	0	0	0		76. 00
	950 ORTHOPEDI CS	54, 504	0	54, 504		76. 01
	140 CARDI OVASCULAR SERVI CES	1, 960, 913	0			76. 02
	P57 CARDI AC REHABILITATION	751, 881	0	,		76. 03
	190 RADIATION ONCOLOGY 951 MRI	1, 076, 085 554, 243	0	,		76. 04 76. 05
	952 BARI ATRI C CENTER	0 0	0	,		76. 06
	550 PSYCH ACTIVITY THERAPY	3, 590, 333	0			76. 07
76. 08 039	953 WOUND CARE	845, 920	0	845, 920		76. 08
	954 RENAL DI ALYSI S	1, 775, 912	0	.,		76. 09
	955 I NFUSI ON	4, 817, 742	0			76. 10
70. 11  039	956 CARE TRANSITION CENTER	8, 082	0	8, 082	<u> </u>	76. 11

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2020 Part I Provider CCN: 15-0004

			F	rom 01/01/2020 o 12/31/2020	Part I Date/Time Prepared:
					7/29/2021 12:48 pm
Cost Center Description	Subtotal	Intern &	Total		
	R	esidents Cost			
		& Post			
		Stepdown			
	24. 00	Adjustments 25.00	27, 00		
76. 12   03958   ANTI COAGULATI ON CLINI C	670, 802	25.00	26. 00 670, 802		76. 12
OUTPATIENT SERVICE COST CENTERS	670, 802	U <sub>I</sub>	070, 602		76. 12
88. 00 08800 RURAL HEALTH CLINIC		O	0		88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0		89. 00
90. 00   09000   CLINI C		0	0		90.00
90. 01   09001   0CC   HEALTH   CLINIC	391, 988	0	391, 988		90. 01
90. 02   09002   CARDI OLOGY   CLI NI C	0	o	0		90. 02
90. 03   09003   SPECIALTY CLINIC	61, 061	o	61, 061		90. 03
91. 00 09100 EMERGENCY	17, 522, 157	-1, 239, 028	16, 283, 129		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0			92. 00
OTHER REIMBURSABLE COST CENTERS					
99. 00 09900 CMHC	0	0	0		99. 00
99. 10   09910   CORF	0	0	0		99. 10
101.00 10100 HOME HEALTH AGENCY	12, 382, 382	0	12, 382, 382		101. 00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 I NTEREST EXPENSE					113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	198, 267, 921	-1, 239, 028	197, 028, 893		118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	174, 085	0	174, 085		190. 00
190. 01 19001 CONVENT	14, 230	0	14, 230		190. 01
190. 02 19002 HOME MEDI CAL EQUI PMENT	0	0	0		190. 02
190. 03 19003 MEDI CAL ARTS BUILDING	212, 452	0	212, 452		190. 03
190. 04 19004 WOMEN'S HEALTH CENTER 190. 05 19005 DEVELOPMENT	143, 236	0	143, 236 0		190. 04 190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	519, 115	0	519, 115		190. 05
190. 07 19007 I MAGE RECOVERY	317, 113	0	0 319, 113		190.00
190. 08 19008 FAMILY SERVICES		0	0		190. 08
190. 09 19009 MDWI SE		0	0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC		0	0		190. 10
190. 11 19011 CENTER OF HOPE	112, 209	o	112, 209		190. 11
190. 12 19012 SELECT	0	o	0		190. 12
190. 13 19013 PERCI NI AS		o	0		190. 13
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	-1, 213, 521	o	-1, 213, 521		192. 00
192. 01 19201 WORKING WELL	928, 318	o	928, 318		192. 01
193. 00 19300 NONPALD WORKERS	0	o	0		193. 00
194. 01 07951 REHAB	1, 208, 001	o	1, 208, 001		194. 01
200.00 Cross Foot Adjustments	0	0	0		200. 00
201.00 Negative Cost Centers	0	0	0		201. 00
202.00   TOTAL (sum lines 118 through 201)	200, 366, 046	-1, 239, 028	199, 127, 018		202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2020 | Part II | To 12/31/2020 | Date/Time Prepared: | 12/40 | Peri od: | 12/4 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

				lo	12/31/2020	Date/lime Pre   7/29/2021 12:	
			CAPI TAL REI	LATED COSTS		, , , , , , , , , , , , , , , , , , , ,	, o p
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		0	1. 00	2.00	2A	4. 00	
	GENERAL SERVICE COST CENTERS				'		
15.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-WVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00590 OTHER ADMINISTRATIVE AND GENERAL 00600 MAINTENANCE & REPAIRS 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 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - LAB 4+1 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - RESP THER 02304 PARAMED ED PRGM - RESP THER 02305 PARAMED ED PRGM-EMT 02306 PARAMED ED PRGM-EMT	0 0 0 0 0 0 0 0 0 0 0	42, 996 856, 068 641, 547 422, 298 11, 175 163, 047 170, 295 98, 857 109, 647 158, 186 94, 825 280, 905 16, 659 0 0 0 0 0 69, 896	112, 460 103, 820 7, 632 90, 584 30, 465 31, 216 0 90, 993 102, 948 17, 794 0 0 0 0 346 0 0	53, 573 968, 528 745, 367 429, 930 101, 759 193, 512 201, 511 98, 857 200, 640 261, 134 112, 619 280, 905 16, 659 0 346 0 0 69, 896	53, 573 10, 992 549 819 0 1, 141 248 560 2, 432 126 1, 901 212 0 72 0 58 42 51 368 6	1. 00 2. 00 4. 00 5. 05 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 22. 00 23. 01 23. 02 23. 03 23. 04 23. 05 23. 06
30. 00 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00	INPATIENT ROUTINE SERVICE COST CENTERS  03000 ADULTS & PEDIATRICS  03100 INTENSIVE CARE UNIT  02040 NEWBORN INTENSIVE CARE UNIT  04000 SUBPROVIDER - IPF  04300 NURSERY  04400 SKILLED NURSING FACILITY  04500 NURSING FACILITY  ANCILLARY SERVICE COST CENTERS	0 0 0 0 0 0 0 0 0	1, 931, 635 285, 277 0 0 0 0	638, 962 321, 033 51, 825 0 0	2, 570, 597 606, 310 51, 825 0 0 0	9, 800 1, 619 572 1, 941 699 0	30. 00 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00
58. 00 59. 00 60. 00 60. 01 63. 01 65. 00 66. 00 67. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09	05000 OPERATING ROOM 05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY 05100 RECOVERY ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05401 RADI OLOGY SPECI AL PROCEDURES 05402 ULTRASOUND 05500 RADI OLOGY-THERAPEUTI C 05501 COMPUTED TOMOGRAPHY 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06001 BLOOD LABORATORY 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06301 NUCLEAR MEDI CI NE 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 ORTHOPEDI CS 03955 ORTHOPEDI CS 03957 CARDI AC REHABI LI TATI ON 03190 RADI ATI ON ONCOLOGY 03951 MRI 03952 BARI ATRI C CENTER 03550 PSYCH ACTI VITY THERAPY 03953 WOUND CARE 03955 INFUSION		542, 275 0 414, 221 0 250, 610 60, 500 30, 813 0 0 205, 717 0 40, 728 81, 724 211, 438 19, 534 60, 529 34, 014 27, 627 0 0 0 13, 710 120, 703 25, 996 270, 886 59, 314 0 96, 856 187, 057 9, 841	0 246, 830 69, 838 72, 686 515, 723 148, 968 15, 739 0 527, 332 0 0 0 77, 077 169, 907 6, 824 1, 143 12, 205 182, 443 423 0 0 0 0 63 268, 813 51, 863 0 11, 577 0 0 3, 142 0	770, 966	562 0 508 195 23 669 406 296 0 0 0 0 0 0 165 823 1, 553 406 203 247 13 0 0 0 0 0 0 151 300 151 300 151 300 151 300 151 300 151 300 165 300 165 300 300 300 300 300 300 300 30	50. 00 50. 01 50. 02 51. 00 53. 00 54. 00 54. 01 55. 01 57. 00 58. 00 59. 00 60. 01 63. 01 63. 01 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00 76. 01 76. 02 76. 03 76. 04 76. 05 76. 06 76. 07 76. 08 76. 09 76. 10

			To	12/31/2020	Date/Time Pre	
		CAPI TAL REI	ATED COSTS		7/29/2021 12:	46 piii
		ON TIME REL	31120 00010			
Cost Center Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
TV 44 10005 ( 04D5 TDANOLTI ON OFFITED	0	1.00	2.00	2A	4. 00	7.44
76. 11 03956 CARE TRANSITION CENTER	0	0		0	4	76. 11
76. 12 03958 ANTI COAGULATION CLINIC OUTPATIENT SERVICE COST CENTERS	0	0	0	0	206	76. 12
88. 00   08800   RURAL HEALTH CLINIC	0	0	0	O	0	88. 00
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89. 00
90. 00   09000  CLINI C		0	0	0	0	90.00
90. 01   09001   OCC   HEALTH   CLINIC		0	0	0	80	90.00
90. 02 09002 CARDI OLOGY CLINI C		0	0	Ö	0	90. 02
90. 03   09003   SPECI ALTY   CLI NI C		0	0	0	15	90. 03
91. 00   09100   EMERGENCY		231, 106	224, 578	455, 684	5, 714	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1	===,,	,	0	-,	92. 00
OTHER REIMBURSABLE COST CENTERS	·		'	- '		
99. 00 09900 CMHC	0	0	0	0	0	99. 00
99. 10   09910   CORF	O	0	0	o	0	99. 10
101.00 10100 HOME HEALTH AGENCY	0	174, 281	37, 292	211, 573	3, 615	101. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	8, 552, 910	4, 538, 806	13, 091, 716	52, 990	118. 00
NONREI MBURSABLE COST CENTERS		00.040	005	00.050	04	100.00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.01 19001 CONVENT	0	20, 068	285 0	20, 353 0		190. 00 190. 01
190. 01 1900 1 CONVENT 190. 02 19002 HOME MEDICAL EQUIPMENT	0	0	0	U O		190. 01
190. 03 19003 MEDI CAL ARTS BUILDING		0	0	0		190. 02
190. 04 19004 WOMEN'S HEALTH CENTER		17, 015	0	17, 015		190. 03
190. 05 19005 DEVELOPMENT		17,013	0	17, 015		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES		0	0	Ö		190.06
190. 07 19007 I MAGE RECOVERY		0	0	ol		190. 07
190. 08 19008 FAMILY SERVICES		0	0	ol		190. 08
190. 09 19009 MDWI SE	l ol	0	o	ol		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	O	0	0	o	0	190. 10
190. 11 19011 CENTER OF HOPE	0	7, 455	1, 126	8, 581	33	190. 11
190. 12 19012 SELECT	0	0	0	o	0	190. 12
190. 13 19013 PERCI NI AS	0	0	0	o	0	190. 13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	91, 861	0	91, 861	37	192. 00
192. 01 19201 WORKI NG WELL	0	0	33, 941	33, 941	249	192. 01
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
194. 01 07951 REHAB	0	262, 437	29, 946	292, 383	0	194. 01
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	8, 951, 746	4, 604, 104	13, 555, 850	53, 573	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2020 Part II
To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

				1	0 12/31/2020	7/29/2021 12:	
	Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
		ADMI NI STRATI VE AND GENERAL	REPAI RS	PLANT	LINEN SERVICE		
		5. 05	6. 00	7. 00	8. 00	9. 00	
	GENERAL SERVICE COST CENTERS		•		1		
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 05	00590 OTHER ADMINISTRATIVE AND GENERAL	979, 520					5. 05
6. 00	00600 MAINTENANCE & REPAIRS	22, 028		ı			6.00
7. 00	00700 OPERATION OF PLANT	51, 707		1			7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	3, 237					8.00
9.00	00900 HOUSEKEEPI NG	17, 716		1		241, 540	1
10.00	01000 DI ETARY	3, 917	17, 646	12, 822	0	6, 036	10.00
11. 00	01100 CAFETERI A	7, 178	10, 244	7, 443	0	3, 504	11. 00
13. 00	01300 NURSING ADMINISTRATION	35, 952		1		3, 886	
14. 00	01400 CENTRAL SERVICES & SUPPLY	6, 887	16, 391	1		5, 607	14.00
15.00	01500 PHARMACY	31, 334		1		3, 361	
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY	9, 392		1		9, 957 590	16. 00 17. 00
22. 00	01700 SOCIAL SERVICE 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	5, 982	1, 726	1, 254		0	22. 00
23. 00	02300 PARAMED ED PRGM-(SPECIFY)	0, 702			0	0	23. 00
23. 01	02301 PARAMED ED PRGM - LAB 4+1	1, 186		ol o	0	Ö	23. 01
23. 02	02302 PARAMED ED PRGM - RADIOLOGY	495		ol o	0	Ō	23. 02
23. 03	02303 PARAMED ED PRGM - RESP THER	477	0	0	0	0	23. 03
23. 04	02304 PARAMED ED PRGM-PHARMACY	3, 545	0	0	0	0	23. 04
23. 05	02305 PARAMED ED PRGM-EMT	581	7, 243	5, 263	0	2, 477	23. 05
23. 06	02306 PARAMED ED PRGM - LAB 3+1	400	0	) 0	0	0	23. 06
00.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	105.045	000 453	1 45 440	75.447	(0.4/0	00.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	135, 315 24, 183		1		68, 469 10, 111	30.00
35. 00	02040 NEWBORN INTENSIVE CARE UNIT	10, 725		21,400	12, 862 1, 757	0,111	35.00
40. 00	04000 SUBPROVI DER - I PF	37, 810			1, 737	0	40.00
43. 00	04300 NURSERY	10, 126			3, 190	Ö	43. 00
44. 00	04400 SKILLED NURSING FACILITY	0		ol o	0, 170	Ö	44. 00
45. 00	04500 NURSING FACILITY	Ö	O	o	0	0	45. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	12, 551	56, 191			== .	
50. 01	05001 OPEN HEART SURGERY	0	1	0	_	0	50. 01
50. 02	05002 OUTPATI ENT SURGERY	9, 578				14, 682	
51. 00 53. 00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	3, 036		0	0	0	51. 00 53. 00
54. 00	05400 RADI OLOGY – DI AGNOSTI C	22, 230 12, 698		18, 869	0	8, 883	1
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	6, 132		1		2, 144	1
54. 02	05402 ULTRASOUND	4, 139		1		1, 067	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	7, 523	3, 193	2, 320	0	1, 092	55. 01
57. 00	05700 CT SCAN	0	C	0	0	0	57. 00
58. 00	05800 MRI	0	0	0	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	
60.00		36, 822	21, 316	15, 489	0	.,	1
60. 01 63. 00	06001 BLOOD LABORATORY	0			0	0	60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06301 NUCLEAR MEDICINE	2, 680	4, 220	3, 067	0	1, 444	1
65. 00	06500 RESPIRATORY THERAPY	18, 538				2, 897	65.00
66. 00	06600 PHYSI CAL THERAPY	19, 637				7, 494	1
67. 00	06700 OCCUPATI ONAL THERAPY	5, 460				692	67.00
68. 00	06800 SPEECH PATHOLOGY	2, 926		1		2, 145	1
69.00	06900 ELECTROCARDI OLOGY	4, 684	3, 525	2, 561	0	1, 206	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	457	2, 863	2, 080	0	979	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	38, 231	0	0	0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	18, 146	l .	0	0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	139, 043		0	0	0	73.00
76.00	03020 PAIN CLINIC	0	1	1 000	0	0	76.00
76. 01 76. 02	03950  ORTHOPEDI CS   03140  CARDI OVASCULAR   SERVI CES	81	1, 421			486 4, 278	76. 01 76. 02
76. 02	03957 CARDI AC REHABI LI TATI ON	6, 662 2, 959				921	76. 02
76. 04	03190 RADI ATI ON ONCOLOGY	1, 584		1		9, 601	76. 04
76. 05	03951 MRI	1, 748				2, 102	1
76. 06	03952 BARI ATRI C CENTER	0	0	) ., .00	0	0	76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	17, 408		) 0	0	0	76. 07
76. 08	03953 WOUND CARE	2, 373		7, 293	0	3, 433	76. 08
76. 09	03954 RENAL DIALYSIS	6, 056		1		6, 630	
76. 10	03955 I NFUSI ON	22, 530				349	1
	03956 CARE TRANSITION CENTER	39				0	1
10. 12	03958 ANTI COAGULATI ON CLINI C	3, 192	0	0	0	0	76. 12

			To	om 01/01/2020 o 12/31/2020	Date/Time Pre	pared:
Cost Center Description	OTHER I	MAINTENANCE &	OPERATION OF	LAUNDRY &	7/29/2021 12: HOUSEKEEPI NG	48 pili
cost center bescription	ADMI NI STRATI VE	REPAI RS	PLANT	LI NEN SERVI CE	HOUSEKEEFING	
	AND GENERAL	ILLI ALIKS	ILANI	LINEN SERVICE		
	5. 05	6. 00	7. 00	8. 00	9. 00	
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	o	0	89. 00
90. 00   09000   CLI NI C	0	0	0	o	0	90. 00
90. 01 09001 OCC HEALTH CLINIC	1, 855	0	0	o	0	90. 01
90. 02 09002 CARDI OLOGY CLI NI C	0	0	0	o	0	90. 02
90. 03   09003   SPECIALTY CLINIC	294	0	0	o	0	90. 03
91. 00 09100 EMERGENCY	66, 266	23, 947	17, 401	o	8, 191	91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			·			92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC	0	0	0	0	0	99. 00
99. 10  09910  CORF	0	0	0	0	0	99. 10
101.00 10100 HOME HEALTH AGENCY	50, 703	18, 059	13, 122	0	6, 177	101. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300 I NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	968, 532	726, 617	496, 185	93, 225	227, 404	1118. 00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	564	2, 079	1, 511	ما	711	190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	69	2,079	1,511	0		190. 00
190. 02 19002 HOME MEDI CAL EQUI PMENT	09	0	0	0		190. 01
190. 03 19003 MEDI CAL ARTS BUILDING	1, 030	0	0	0		190. 02
190. 04 19004 WOMEN' S HEALTH CENTER	454	1, 763	1, 281	0		190. 03
190. 05 19005 DEVELOPMENT	434	1, 703	1, 201	0		190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES	2, 503	0	0	0		190.06
190. 07 19007 I MAGE RECOVERY	2,000	0	Ö	Ö		190. 07
190. 08 19008 FAMILY SERVICES		0	Ö	o		190. 08
190. 09 19009 MDWI SE	o	0	0	ol		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	0	0	ol		190. 10
190. 11 19011 CENTER OF HOPE	398	772	561	o	264	190. 11
190, 12 19012 SELECT	0	0	0	o	0	190, 12
190. 13 19013 PERCI NI AS	o	0	0	ol	0	190. 13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	O	9, 519	6, 917	o		192. 00
192. 01 19201 WORKI NG WELL	4, 249	0	0	o	0	192. 01
193. 00 19300 NONPALD WORKERS	0	0	0	o	0	193. 00
194. 01 07951 REHAB	1, 721	27, 194	19, 760	13, 770	9, 302	194. 01
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	979, 520	767, 944	526, 215	106, 995	241, 540	202. 00

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2020 Part II
To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm

				) 12/31/2020	7/29/2021 12:	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	·
			ADMI NI STRATI ON	SERVICES &		
	10.00	11. 00	13. 00	SUPPLY 14. 00	15. 00	
GENERAL SERVICE COST CENTERS						
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
2.00   OO200   CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 05 00590 OTHER ADMINISTRATIVE AND GENERAL						5. 05
6. 00 00600 MAI NTENANCE & REPAI RS						6.00
7. 00   00700   OPERATION OF PLANT						7.00
8.00   00800  LAUNDRY & LINEN SERVICE 9.00   00900  HOUSEKEEPING						8. 00 9. 00
10. 00   01000 DI ETARY	242, 180		•			10.00
11. 00   01100   CAFETERI A	242, 100	127, 786				11.00
13. 00 01300 NURSING ADMINISTRATION	o	8, 311	270, 839			13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	O	767	1	302, 822		14. 00
15. 00 01500 PHARMACY	O	6, 389	0	0	172, 570	15. 00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	905	0	0	0	16. 00
17. 00   01700   SOCIAL SERVICE	0	0		0	0	17. 00
22. 00   02200   I &R SERVI CES-OTHER PRGM COSTS APPRV	0	385	1	0	0	22. 00
23. 00   02300   PARAMED ED PRGM-(SPECIFY)	0	0		0	0	23. 00
23. 01   02301   PARAMED ED PRGM - LAB 4+1	0	191	1	0	0	23. 01
23. 02   02302   PARAMED ED PRGM - RADI OLOGY	0	189		0	0	23. 02
23. 03   02303   PARAMED ED PRGM - RESP THER 23. 04   02304   PARAMED ED PRGM-PHARMACY	0	194	1	0	0	23. 03
23. 05   02305   PARAMED ED PRGM-PHARMACT	0	1, 506 41	0	0	0	23. 04
23. 06   02306   PARAMED ED   PRGM - LAB 3+1	0	0	1	0	0	23. 06
I NPATI ENT ROUTI NE SERVI CE COST CENTERS	9		·  •	<u> </u>	U	25.00
30. 00 03000 ADULTS & PEDI ATRI CS	196, 739	37, 740	103, 882	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	33, 548	6, 506		0	0	31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	4, 583	1, 792	10, 794	0	0	35. 00
40. 00   04000   SUBPROVI DER - 1 PF	0	0	0	0	0	40. 00
43. 00   04300   NURSERY	0	0	0	0	0	43. 00
44.00   04400   SKILLED NURSING FACILITY	0	0	0	0	0	44. 00
45. 00 04500 NURSING FACILITY	0	0	0	0	0	45. 00
ANCI LLARY SERVI CE COST CENTERS		4.050	7 000	ام		F0 00
50. 00   05000   OPERATI NG ROOM	0	1, 950	1	0	0	50.00
50. 01   05001   0PEN HEART SURGERY 50. 02   05002   0UTPATI ENT SURGERY	0	1, 729	0 8, 971	0	0	50. 01 50. 02
51. 00   05100   RECOVERY   ROOM	0	626		0	0	51.00
53. 00   05300   ANESTHESI OLOGY	0	183	1	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	o	4, 828	1	Ö	0	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	o	1, 384	1	O	0	54. 01
54. 02   05402   ULTRASOUND	O	958	1	0	0	54. 02
55. 00 05500 RADI OLOGY-THERAPEUTI C	o	0	o	0	0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY	0	1, 245	72	0	0	55. 01
57. 00  05700 CT SCAN	0	0	0	0	0	57. 00
58. 00   05800   MRI	0	0	0	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59. 00
60. 00 06000 LABORATORY	0	0	0	0	0	60.00
60. 01 06001 BLOOD LABORATORY	0	0	0	0	0	60. 01
63.00   06300   BLOOD STORING, PROCESSING & TRANS. 63.01   06301   NUCLEAR MEDICINE	0	0	0	0	0	63.00
63. 01   06301   NUCLEAR MEDICINE 65. 00   06500   RESPIRATORY THERAPY	0	353 3, 897		0	0	63. 01 65. 00
66. 00   06600 PHYSI CAL THERAPY	0	5, 186		0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	1, 229		0	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	o	596		Ö	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	o	1, 159	1	0	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	O	43		0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	O	0	О	224, 088	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	o	0	О	78, 734	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	172, 570	73. 00
76. 00   03020   PAIN CLINIC	0	0	0	0	0	76. 00
76. 01   03950   ORTHOPEDI CS	0	0	0	0	0	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES	0	1, 722		0	0	76. 02
76. 03 03957 CARDI AC REHABI LI TATI ON	0	683	1, 817	0	0	76. 03
76. 04   03190   RADI ATI ON ONCOLOGY	0	0	0	0	0	76. 04
76. 05   03951   MRI	0	332	0	0	0	76. 05
76. 06   03952   BARI ATRI C CENTER	0	0		0	0	76. 06
76. 07   03550   PSYCH ACTIVITY THERAPY 76. 08   03953   WOUND CARE		647	2, 559	0	0	76. 07 76. 08
76. 08   03953   WOUND CARE 76. 09   03954   RENAL DIALYSIS	0	047	2, 559 n	٥	0	76.08
76. 10 03955   NFUSI ON	0	5, 544	31	n	0	76. 10
76. 11 03956 CARE TRANSITION CENTER	ol ol	0, 344		ol	0	76. 11
76. 12 03958 ANTI COAGULATION CLINIC	Ö	756	1	Ö	0	76. 12
	' 		· '	<u> </u>	· 	·

			To	12/31/2020	Date/Time Prep 7/29/2021 12:4	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	<u> </u>
			ADMINISTRATION	SERVICES &		
	10.00	11. 00	13. 00	SUPPLY 14. 00	15. 00	
OUTPATIENT SERVICE COST CENTERS	10.00	11.00	15.00	14.00	13.00	
88. 00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	o	0	0	0	0	89. 00
90. 00 09000 CLI NI C	o	0	О	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	o	608	0	0	0	90. 01
90. 02   09002   CARDI OLOGY   CLI NI C	O	0	0	0	0	90. 02
90. 03   09003   SPECI ALTY CLI NI C	0	38		0	0	90. 03
91. 00   09100   EMERGENCY	0	11, 806	38, 767	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	Γ					92.00
OTHER REIMBURSABLE COST CENTERS				_I		
99. 00   09900   CMHC	0	0	0	0		99. 00
99. 10   09910   CORF	0	10.050	0	0		99. 10
101.00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	<u> </u>	13, 358	40, 702	0	0	101. 00
113. 00 11300   NTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 1	117) 234, 870	125, 776	262, 677	302, 822	172, 570	
NONREI MBURSABLE COST CENTERS	234, 070	123, 770	202, 077	302, 022	172, 370	110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	N O	164	0	0	0	190. 00
190. 01 19001 CONVENT	o	0	0	0	0	190. 01
190. 02 19002 HOME MEDICAL EQUIPMENT	o	0	0	0	0	190. 02
190.03 19003 MEDICAL ARTS BUILDING	o	0	0	0	0	190. 03
190.04 19004 WOMEN'S HEALTH CENTER	0	193	0	0		190. 04
190. 05 19005 DEVELOPMENT	0	0	0	0		190. 05
190.06 19006 NEUROSURGERY PROF SERVICES	0	207	0	0		190. 06
190. 07 19007 I MAGE RECOVERY	0	0	0	0		190. 07
190. 08 19008 FAMI LY SERVI CES	0	0	0	0		190. 08
190. 09 19009 MDWI SE	0	0	0	0		190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC	0	104	0	0		190. 10
190. 11 19011 CENTER OF HOPE 190. 12 19012 SELECT	0	106		0		190. 11 190. 12
190. 12 19012 SELECT 190. 13 19013 PERCINIAS	0	0	0	O O		190. 12 190. 13
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES		186	6, 639	0		190. 13 192. 00
192. 01 19201 WORKI NG WELL		1, 154	·	0		192. 00
193. 00 19300 NONPALD WORKERS	o o	1, 134	1, 240	0		193. 00
194. 01 07951 REHAB	7, 310	0	l o	ol		194. 01
200.00 Cross Foot Adjustments	.,010	Ü		Ĭ		200. 00
201.00 Negative Cost Centers	0	0	О	o		201. 00
202.00 TOTAL (sum lines 118 through 201)	242, 180	127, 786	270, 839	302, 822	172, 570	

| Peri od: | Worksheet B | From 01/01/2020 | Part | I | To | 12/31/2020 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

				To	12/31/2020	Date/Time Prep 7/29/2021 12:4	
				INTERNS &		772772021 121	10 p
	Cost Center Description	MEDI CAL	SOCIAL SERVICE	RESI DENTS SERVI CES-OTHER	PARAMED ED	PARAMED ED	
	<u>'</u>	RECORDS &		PRGM COSTS	PRGM	PRGM - LAB 4+1	
		16. 00	17. 00	APPRV 22. 00	23. 00	23. 01	
	GENERAL SERVICE COST CENTERS						
1. 00 2. 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 05	00590 OTHER ADMINISTRATIVE AND GENERAL						5. 05
6.00	00600 MAINTENANCE & REPAIRS						6. 00
7.00	00700 OPERATION OF PLANT						7. 00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8. 00 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 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	351, 628					16. 00
17. 00	01700 SOCIAL SERVICE	0	20, 326				17. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRV	0	0	6, 439			22. 00
23. 00 23. 01	O2300   PARAMED ED PRGM-(SPECIFY)   O2301   PARAMED ED PRGM - LAB 4+1	0			O	1, 781	23. 00 23. 01
23. 01	02302 PARAMED ED PRGM - RADIOLOGY		1			1, 701	23. 01
23. 03	02303 PARAMED ED PRGM - RESP THER	0	O				23. 03
23. 04	02304 PARAMED ED PRGM-PHARMACY	0		•			23. 04
23. 05 23. 06	O2305   PARAMED ED   PRGM-EMT   O2306   PARAMED ED   PRGM - LAB 3+1	0					23. 05 23. 06
23.00	INPATIENT ROUTINE SERVICE COST CENTERS		, <u> </u>				23.00
30.00	03000 ADULTS & PEDIATRICS	25, 071					30.00
31.00	03100   INTENSIVE CARE UNIT	6, 057					31.00
35. 00 40. 00	02040 NEWBORN INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	1, 097 8, 641	ł .				35. 00 40. 00
43. 00	04300 NURSERY	1, 089	1	1			43. 00
44. 00	04400 SKILLED NURSING FACILITY	0					44.00
45. 00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0				45. 00
50. 00	05000 OPERATING ROOM	12, 710	740	1			50. 00
50. 01	05001 OPEN HEART SURGERY	0	1				50. 01
50. 02	05002 OUTPATIENT SURGERY	1, 826	1				50. 02
51. 00 53. 00	05100 RECOVERY ROOM 05300 ANESTHESI OLOGY	1, 800 4, 819	l .				51. 00 53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	4, 907	1				54. 00
54. 01	05401 RADI OLOGY SPECIAL PROCEDURES	4, 936					54. 01
54. 02	05402 ULTRASOUND	4, 264	1	1			54. 02
55. 00 55. 01	O5500  RADI OLOGY-THERAPEUTI C   O5501  COMPUTED TOMOGRAPHY	0 16, 598	1				55. 00 55. 01
57. 00	05700 CT SCAN	0	l .	1			57. 00
	05800 MRI	0	0				58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	27 503					59.00
60. 00 60. 01	06000 LABORATORY 06001 BLOOD LABORATORY	27, 503	1, 601 0				60. 00 60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	641	1				63. 00
63. 01	06301 NUCLEAR MEDICINE	1, 375	l t	1			63. 01
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	5, 571 2, 999		1			65. 00 66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	2, 999	l t				67. 00
68. 00	06800 SPEECH PATHOLOGY	1, 247	ł .				68. 00
69. 00	06900 ELECTROCARDI OLOGY	5, 902					69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	157	1				70. 00 71. 00
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 MPL. DEV. CHARGED TO PATIENTS	10, 942 2, 374	1				71.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	126, 827	l .	1			73. 00
76. 00	03020 PAIN CLINIC	0	1				76. 00
76. 01	03950 ORTHOPEDI CS	7 170					76. 01
76. 02 76. 03	03140   CARDI OVASCULAR   SERVI CES   03957   CARDI AC   REHABI LI TATI ON	7, 170 971	1				76. 02 76. 03
76. 04	03190 RADI ATI ON ONCOLOGY	84	1				76. 04
76. 05	03951 MRI	3, 159	1	1			76. 05
76. 06	03952 BARI ATRI C CENTER	0	-				76. 06
76. 07 76. 08	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	743	1				76. 07 76. 08
76. 09	03954 RENAL DIALYSIS	1, 238	72				76. 09
76. 10	03955 I NFUSI ON	8, 395	1				76. 10
76. 11	03956  CARE TRANSITION CENTER	10	)  1	<u> </u>		1	76. 11

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2020 Part II Provider CCN: 15-0004

				T	o 12/31/2020	Date/Time Pre 7/29/2021 12:	
	Cost Center Description	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	·
		16. 00	17. 00	22. 00	23.00	23. 01	
76. 12	03958 ANTICOAGULATION CLINIC	271	16				76. 12
	OUTPATIENT SERVICE COST CENTERS						1
88. 00	08800 RURAL HEALTH CLINIC	0	0				88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89. 00
	09000 CLI NI C	0	0				90.00
	09001 OCC HEALTH CLINIC	122	7				90. 01
	09002 CARDI OLOGY CLI NI C	0	0				90. 02
	09003 SPECIALTY CLINIC	0	0				90. 03
	09100 EMERGENCY	37, 446	1				91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	37,440	2, 100				92. 00
72.00	OTHER REIMBURSABLE COST CENTERS					I	72.00
99. 00	09900 CMHC	0	0				99. 00
	09910 CORF	0	1				99. 10
			-				
101.00	10100 HOME HEALTH AGENCY	10, 417	606			1	101. 00
440.00	SPECIAL PURPOSE COST CENTERS						
	11300 I NTEREST EXPENSE			_	_	_	113. 00
118. 00		351, 628	20, 326	0	0	0	118. 00
	NONREI MBURSABLE COST CENTERS	_	_				ļ
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190. 00
	19001 CONVENT	0	0				190. 01
	19002 HOME MEDICAL EQUIPMENT	0	0				190. 02
	19003 MEDICAL ARTS BUILDING	0	0				190. 03
	19004 WOMEN'S HEALTH CENTER	0	0				190. 04
	19005 DEVELOPMENT	0	0				190. 05
190. 06	19006 NEUROSURGERY PROF SERVICES	0	0				190. 06
190. 07	19007 I MAGE RECOVERY	0	0				190. 07
190. 08	19008 FAMILY SERVICES	0	0				190. 08
190. 09	19009 MDWI SE	0	0				190. 09
190. 10	19010 CATHERINE MCAULEY CLINIC	0	0				190. 10
190. 11	19011 CENTER OF HOPE	0	0				190. 11
190. 12	19012 SELECT	0	0				190. 12
190. 13	19013 PERCI NI AS	0	0				190. 13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192. 00
	19201 WORKI NG WELL	l n	l n			1	192. 01
	19300 NONPALD WORKERS	1 0	1 0				193. 00
	07951 REHAB	1 0	1 0				194. 01
200. 00			I	6, 439	0	1 781	200. 00
201.00	, ,	0	0	0, 437	0		201. 00
201.00	9	351, 628	20, 326	_	-		202.00
202.00	TOTAL (Suil TITIES TTO THE OUGH 201)	331,020	20, 320	1 0, 437		1, 701	1202.00

| Peri od: | Worksheet B | From 01/01/2020 | Part | I | To 12/31/2020 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

				To	12/31/2020	Date/Time Pre 7/29/2021 12:	
	Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	
		PRGM - RADI OLOGY	PRGM - RESP	PRGM-PHARMACY	PRGM-EMT	PRGM - LAB 3+1	
		23. 02	THER 23. 03	23. 04	23. 05	23. 06	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00	OO200   CAP REL COSTS-MVBLE EQUIP   OO400   EMPLOYEE BENEFITS DEPARTMENT						2. 00 4. 00
5. 05	00590 OTHER ADMINISTRATIVE AND GENERAL						5. 05
6. 00	00600 MAINTENANCE & REPAIRS						6. 00
7. 00	00700 OPERATION OF PLANT						7. 00
8. 00 9. 00	00800 LAUNDRY & LINEN SERVICE						8. 00 9. 00
10.00	00900  HOUSEKEEPI NG  01000  DI ETARY						10.00
11. 00	01100 CAFETERI A						11. 00
13.00	01300 NURSING ADMINISTRATION						13. 00
14.00	01400 CENTRAL SERVI CES & SUPPLY						14.00
15. 00 16. 00	01500   PHARMACY   01600   MEDI CAL RECORDS & LI BRARY						15. 00 16. 00
17. 00	01700 SOCIAL SERVICE						17. 00
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV						22. 00
23. 00	02300 PARAMED ED PRGM-(SPECIFY)						23. 00
23. 01 23. 02	O2301   PARAMED ED PRGM - LAB 4+1   O2302   PARAMED ED PRGM - RADIOLOGY	726					23. 01 23. 02
23. 02	02303 PARAMED ED PRGM - RESP THER	720	722				23. 02
23. 04	02304 PARAMED ED PRGM-PHARMACY			5, 419			23. 04
23. 05	02305 PARAMED ED PRGM-EMT				85, 507		23. 05
23. 06	O2306   PARAMED ED PRGM - LAB 3+1     I NPATI ENT ROUTI NE SERVI CE COST CENTERS					400	23. 06
30. 00	03000 ADULTS & PEDIATRICS						30. 00
31. 00	03100   NTENSI VE CARE UNI T						31. 00
35. 00	02040 NEWBORN INTENSIVE CARE UNIT						35. 00
40.00	04000 SUBPROVI DER - I PF						40.00
43. 00 44. 00	04300 NURSERY 04400 SKILLED NURSING FACILITY						43. 00 44. 00
45. 00	04500 NURSING FACILITY						45. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM						50.00
50. 01 50. 02	05001   OPEN HEART SURGERY   05002   OUTPATI ENT SURGERY						50. 01 50. 02
51. 00	05100 RECOVERY ROOM						51. 00
53.00	05300 ANESTHESI OLOGY						53. 00
54.00	O5400  RADI OLOGY - DI AGNOSTI C						54.00
54. 01 54. 02	05401   RADI OLOGY   SPECI AL   PROCEDURES   05402   ULTRASOUND						54. 01 54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C						55. 00
55. 01	05501 COMPUTED TOMOGRAPHY						55. 01
57. 00	05700 CT SCAN						57. 00
58. 00 59. 00	05800   MRI   05900   CARDI AC   CATHETERI ZATI ON						58. 00 59. 00
	06000 LABORATORY						60.00
60. 01	06001 BLOOD LABORATORY						60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.						63. 00
63. 01 65. 00	O6301   NUCLEAR MEDICINE   O6500   RESPIRATORY THERAPY						63. 01 65. 00
66. 00	06600 PHYSI CAL THERAPY						66. 00
67. 00	06700 OCCUPATI ONAL THERAPY						67. 00
68. 00	06800 SPEECH PATHOLOGY						68. 00
69. 00 70. 00	06900   ELECTROCARDI OLOGY   07000   ELECTROENCEPHALOGRAPHY						69. 00 70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS						72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS						73. 00
76. 00 76. 01	03020   PAI N CLI NI C   03950   ORTHOPEDI CS						76. 00 76. 01
76. 01	03140 CARDI OVASCULAR SERVI CES						76. 01
76. 03	03957 CARDI AC REHABI LI TATI ON						76. 03
76. 04	03190 RADI ATI ON ONCOLOGY						76. 04
76. 05 76. 06	03951 MRI   03952 BARI ATRI C CENTER						76. 05 76. 06
76. 06 76. 07	03550 PSYCH ACTIVITY THERAPY						76. 06 76. 07
76. 08	03953 WOUND CARE						76. 08
76. 09	03954 RENAL DI ALYSI S						76. 09
	03955 NFUSION						76. 10
76. 11 76. 12	03956 CARE TRANSITION CENTER 03958 ANTICOAGULATION CLINIC						76. 11 76. 12
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		1	l	•	<del>-</del> .

			To	12/31/2020	Date/Time Pre 7/29/2021 12:	
Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	46 pili
Cook Conton Dood ( pti ci)	PRGM -	PRGM - RESP	PRGM-PHARMACY	PRGM-EMT	PRGM - LAB 3+1	
	RADI OLOGY	THER				
	23. 02	23. 03	23. 04	23. 05	23. 06	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89. 00
90. 00  09000  CLI NI C						90.00
90. 01   09001   OCC   HEALTH   CLINIC						90. 01
90. 02   09002   CARDI OLOGY   CLI NI C						90. 02
90. 03  09003   SPECI ALTY CLI NI C						90. 03
91. 00   09100   EMERGENCY						91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 00  09900  CMHC						99. 00
99. 10  09910 CORF						99. 10
101.00 10100 HOME HEALTH AGENCY						101. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	(	0	(	0	118. 00
NONREI MBURSABLE COST CENTERS	T	T	T		T	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190. 00
190. 01 19001 CONVENT						190. 01
190. 02 19002 HOME MEDICAL EQUIPMENT						190. 02
190. 03 19003 MEDI CAL ARTS BUI LDI NG						190. 03
190. 04 19004 WOMEN'S HEALTH CENTER						190. 04
190. 05 19005 DEVELOPMENT						190. 05
190. 06 19006 NEUROSURGERY PROF SERVICES						190. 06 190. 07
190. 07 19007 I MAGE RECOVERY						
190. 08 19008 FAMILY SERVICES 190. 09 19009 MDWISE						190. 08 190. 09
						190. 09
190. 10 19010 CATHERINE MCAULEY CLINIC						l
190. 11 19011 CENTER OF HOPE						190. 11
190. 12 19012 SELECT						190. 12 190. 13
190. 13 19013 PERCI NI AS						190. 13
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES						
192. 01 19201 WORKI NG WELL 193. 00 19300 NONPAI D WORKERS						192. 01 193. 00
193. 00 19300 NONPALD WORKERS 194. 01 07951  REHAB						193. 00
200.00 Cross Foot Adjustments	726	722	5, 419	85, 507	7 400	200. 00
201.00   Negative Cost Centers	720	ł .	1	85, 50,		200.00
202.00 TOTAL (sum lines 118 through 201)	726		1	-		201.00
202.00   TOTAL (Suill TITIES TTO LITEOUGH 201)	120	1 /22	5, 419	ou, 50 i	400	1202.00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2020 | Part II | To 12/31/2020 | Date/Time Prepared: | 12/40 | Peri od: | 12/4 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0004

					o 12/31/2020   Date/lime Pre 7/29/2021 12:	
	Cost Center Description	Subtotal	Intern &	Total		
			Residents Cost			
			& Post			
			Stepdown			
		24.00	Adjustments 25.00	26. 00	_	
	GENERAL SERVICE COST CENTERS	24.00	23.00	20.00		
1.00	00100 CAP REL COSTS-BLDG & FLXT					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
5.05	00590 OTHER ADMINISTRATIVE AND GENERAL					5. 05
6.00	00600 MAI NTENANCE & REPAI RS					6.00
7.00	00700 OPERATION OF PLANT					7.00
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG					8. 00 9. 00
10. 00	01000 DI ETARY					10.00
11. 00	01100 CAFETERI A					11. 00
13.00	01300 NURSING ADMINISTRATION					13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY					14. 00
15. 00	01500 PHARMACY					15. 00
16.00	01600 MEDI CAL RECORDS & LI BRARY					16. 00
17. 00	01700 SOCIAL SERVICE					17. 00
22. 00 23. 00	02200   1&R SERVICES-OTHER PRGM COSTS APPRV 02300   PARAMED ED PRGM-(SPECIFY)					22. 00 23. 00
23. 00	02301 PARAMED ED PRGM - LAB 4+1					23. 00
23. 02	02302 PARAMED ED PRGM - RADIOLOGY					23. 02
23. 03	02303 PARAMED ED PRGM - RESP THER					23. 03
23. 04	02304 PARAMED ED PRGM-PHARMACY					23. 04
23. 05	02305 PARAMED ED PRGM-EMT					23. 05
23. 06	02306 PARAMED ED PRGM - LAB 3+1					23. 06
00.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0 570 007		0 570 00	7	
30.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	3, 570, 087	0	3, 570, 087		30.00
31. 00 35. 00	02040 NEWBORN INTENSIVE CARE UNIT	787, 232 83, 209	0	787, 232 83, 209		31. 00 35. 00
40. 00	04000 SUBPROVI DER - I PF	48, 895	0	48, 895		40.00
43. 00	04300 NURSERY	15, 167	0	15, 167		43. 00
44. 00	04400 SKILLED NURSING FACILITY	0	0	(		44. 00
45.00	04500 NURSING FACILITY	0	0	(		45. 00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	922, 743	0	922, 743		50.00
50. 01	05001 OPEN HEART SURGERY 05002 OUTPATIENT SURGERY	772 5/1	0	772 543		50. 01
50. 02 51. 00	05100 RECOVERY ROOM	772, 561 79, 017	0	772, 561 79, 017		50. 02 51. 00
53. 00	05300 ANESTHESI OLOGY	100, 222	0	100, 222		53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	843, 443	0	843, 443		54. 00
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	239, 106	0	239, 106		54. 01
54. 02	05402 ULTRASOUND	62, 394	0	62, 394	1	54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	(	1	55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	591, 442	0	591, 442		55. 01
57. 00	05700 CT SCAN	0	0	(		57. 00
59.00	05800 MRI 05900 CARDI AC CATHETERI ZATI ON	0	0	(		58. 00 59. 00
60. 00	06000 LABORATORY	316, 270	0	316, 270		60.00
60. 01	06001 BLOOD LABORATORY	0	0	(		60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	679	0	679		63.00
63. 01	06301 NUCLEAR MEDICINE	131, 189	0	131, 189		63. 01
65. 00	06500 RESPI RATORY THERAPY	298, 302	0	298, 302		65. 00
66.00	06600 PHYSI CAL THERAPY	293, 171	0	293, 17		66.00
67. 00	06700 OCCUPATIONAL THERAPY	34, 339	0	34, 339		67. 00
68. 00 69. 00	06800  SPEECH PATHOLOGY 06900  ELECTROCARDI OLOGY	90, 753 236, 104	0	90, 753 236, 104		68. 00 69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	34, 925	0	34, 925		70.00
71. 00		273, 898	0	273, 898		71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	99, 392	0	99, 392		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	445, 679	0	445, 679		73. 00
76. 00	03020 PAIN CLINIC	0	0	(		76. 00
76. 01	03950 ORTHOPEDI CS	16, 793	0	16, 793		76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	437, 960	0	437, 960		76. 02
76. 03 76. 04	03957   CARDI AC REHABI LITATION   03190   RADI ATION ONCOLOGY	90, 121	0	90, 121		76. 03 76. 04
76. 04 76. 05	03190  RADIATION ONCOLOGY   03951  MRI	330, 625 89, 128	0	330, 625 89, 128		76. 04
76. 05		09, 120	0	09, 120		76.05
76. 07	03550 PSYCH ACTIVITY THERAPY	17, 408	0	17, 408		76. 07
	03953 WOUND CARE	127, 276	Ö	127, 276		76. 08
76. 09	03954 RENAL DIALYSIS	234, 820	0	234, 820		76. 09
76. 10	03955 I NFUSI ON	104, 807	0	104, 807		76. 10
76. 11	03956 CARE TRANSITION CENTER	54	0	54	1	76. 11

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2020 Part II Provider CCN: 15-0004

				To		
	Cost Center Description	Subtotal	Intern &	Total	7/29/2021 12	: 48 pili
	·	F	Residents Cost			
			& Post			
			Stepdown			
		24. 00	Adjustments 25.00	26. 00		
76. 12	03958 ANTI COAGULATI ON CLINIC	4, 442	0	4, 442		76, 12
	OUTPATIENT SERVICE COST CENTERS	.,		.,=		
88. 00	08800 RURAL HEALTH CLINIC	0	0	0		88. 00
	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89. 00
	09000 CLI NI C	0	0	0		90.00
90. 01 90. 02	09001 OCC HEALTH CLINIC	2, 672	0	2, 672		90. 01
	09002 CARDI OLOGY CLINI C 09003 SPECI ALTY CLINI C	347	0	347		90. 02 90. 03
	09100 EMERGENCY	667, 402	0	667, 402		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	007, 102	o	337, 132		92. 00
	OTHER REIMBURSABLE COST CENTERS	·	<u>'</u>	'		
	09900 CMHC	0	0	0		99. 00
	09910 CORF	0	0	0		99. 10
101. 00	10100 HOME HEALTH AGENCY	368, 332	0	368, 332		101. 00
112 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE					112 00
118.00		12, 862, 406	0	12, 862, 406		113. 00 118. 00
110.00	NONREI MBURSABLE COST CENTERS	12, 002, 400	<u> </u>	12, 002, 400		110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25, 403	0	25, 403		190. 00
190. 01	19001 CONVENT	69	o	69		190. 01
	19002 HOME MEDICAL EQUIPMENT	٥١		0		190. 02
100 02		٩	9	U		
	19003 MEDICAL ARTS BUILDING	1, 030	0	1, 030		190. 03
190. 04	19004 WOMEN'S HEALTH CENTER	21, 338	Ö	21, 338		190. 03 190. 04
190. 04 190. 05	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT	21, 338 0	0 0	21, 338 0		190. 03 190. 04 190. 05
190. 04 190. 05 190. 06	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES	21, 338	Ö	21, 338		190. 03 190. 04
190. 04 190. 05 190. 06 190. 07	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT	21, 338 0	Ö	21, 338 0		190. 03 190. 04 190. 05 190. 06
190. 04 190. 05 190. 06 190. 07 190. 08 190. 09	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE	21, 338 0	Ö	21, 338 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09
190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC	21, 338 0 2, 924 0 0 0	Ö	21, 338 0 2, 924 0 0 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10
190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE	21, 338 0	0 0 0 0 0	21, 338 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11
190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT	21, 338 0 2, 924 0 0 0	Ö	21, 338 0 2, 924 0 0 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12
190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS	21, 338 0 2, 924 0 0 0 10, 992 0	0 0 0 0 0	21, 338 0 2, 924 0 0 0 10, 992 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12 190. 13
190. 04 190. 05 190. 06 190. 07 190. 08 190. 19 190. 11 190. 12 190. 13 192. 00	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS 19200 PHYSICIANS' PRIVATE OFFICES	21, 338 0 2, 924 0 0 0 0 10, 992 0 0 118, 415	0 0 0 0 0	21, 338 0 2, 924 0 0 0 10, 992 0 0 118, 415		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12 190. 13 192. 00
190. 04 190. 05 190. 06 190. 07 190. 08 190. 10 190. 11 190. 12 190. 13 192. 00	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS	21, 338 0 2, 924 0 0 0 10, 992 0	0 0 0 0 0	21, 338 0 2, 924 0 0 0 10, 992 0		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12 190. 13
190. 04 190. 05 190. 06 190. 07 190. 08 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS 19200 PHYSICIANS' PRIVATE OFFICES 19201 WORKING WELL	21, 338 0 2, 924 0 0 0 0 10, 992 0 0 118, 415	0 0 0 0 0	21, 338 0 2, 924 0 0 0 10, 992 0 0 118, 415		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01
190. 04 190. 05 190. 06 190. 07 190. 08 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01 193. 00 194. 01 200. 00	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS 19200 PHYSICIANS' PRIVATE OFFICES 19201 WORKING WELL 19300 ORNEAL NONPAID WORKERS 07951 REHAB Cross Foot Adjustments	21, 338 0 2, 924 0 0 0 10, 992 0 118, 415 40, 839	000000000000000000000000000000000000000	21, 338 0 2, 924 0 0 0 10, 992 0 118, 415 40, 839		190. 03 190. 04 190. 05 190. 06 190. 07 190. 08 190. 09 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01 193. 00 194. 01 200. 00
190. 04 190. 05 190. 06 190. 07 190. 08 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01 193. 00 194. 01	19004 WOMEN'S HEALTH CENTER 19005 DEVELOPMENT 19006 NEUROSURGERY PROF SERVICES 19007 I MAGE RECOVERY 19008 FAMILY SERVICES 19009 MDWISE 19010 CATHERINE MCAULEY CLINIC 19011 CENTER OF HOPE 19012 SELECT 19013 PERCINIAS 19200 PHYSICIANS' PRIVATE OFFICES 19201 WORKING WELL 19300 NONPAID WORKERS 07951 REHAB Cross Foot Adjustments Negative Cost Centers	21, 338 0 2, 924 0 0 0 10, 992 0 118, 415 40, 839 0 371, 440	000000000000000000000000000000000000000	21, 338 0 2, 924 0 0 0 10, 992 0 118, 415 40, 839 0 371, 440		190. 03 190. 04 190. 05 190. 06 190. 07 190. 09 190. 10 190. 11 190. 12 190. 13 192. 00 192. 01 193. 00 194. 01

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004

					rom 01/01/2020 To 12/31/2020		
		CAPI TAL REI	LATED COSTS			7/29/2021 12:	48 pm
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	OTHER	
	odst denter beschiptron		(DOLLAR VALUE)	BENEFITS	Reconcilitation	ADMI NI STRATI VE	
				DEPARTMENT (GROSS		AND GENERAL (ACCUM. COST)	
			0.00	SALARI ES)	54.05	,	
	GENERAL SERVICE COST CENTERS	1. 00	2.00	4. 00	5A. 05	5. 05	
1.00	00100 CAP REL COSTS-BLDG & FLXT	603, 986					1. 00
2. 00 4. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	2, 901	2, 928, 138 6, 727				2. 00 4. 00
5. 05	00590 OTHER ADMINISTRATIVE AND GENERAL	57, 760				167, 554, 623	5. 05
6. 00 7. 00	OO6OO   MAINTENANCE & REPAIRS   OO7OO   OPERATION OF PLANT	43, 286 28, 493					6. 00 7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	754					8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	11, 001	19, 375			_,,,	9. 00 10. 00
11. 00	01100 CAFETERI A	11, 490 6, 670					11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON	7, 398				-, ,	13.00
14. 00 15. 00	O1400   CENTRAL SERVI CES & SUPPLY   O1500   PHARMACY	10, 673 6, 398					14. 00 15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	18, 953	0	323, 660	0	1, 606, 580	16. 00
17. 00 22. 00	01700   SOCIAL SERVICE   02200   I&R SERVICES-OTHER PRGM COSTS APPRV	1, 124	0	·			17. 00 22. 00
23. 00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	(	0	0	23. 00
23. 01 23. 02	02301 PARAMED ED PRGM - LAB 4+1 02302 PARAMED ED PRGM - RADI OLOGY	0	220	88, 519 64, 333		202, 885 84, 657	23. 01 23. 02
23. 03	02303 PARAMED ED PRGM - RESP THER	0	ő	77, 488	0	81, 540	23. 03
23. 04 23. 05	O2304   PARAMED ED PRGM-PHARMACY   O2305   PARAMED ED PRGM-EMT	0 4, 716	0 0	,			1
23. 06	02306 PARAMED ED PRGM - LAB 3+1	4, 710					23. 06
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	130, 330	406, 370	14, 939, 304	1 0	23, 146, 524	30. 00
31. 00	03100 INTENSIVE CARE UNIT	19, 248					31.00
35. 00	02040 NEWBORN INTENSIVE CARE UNIT	0	32, 960			.,	35.00
40. 00 43. 00	04000 SUBPROVI DER - I PF 04300 NURSERY	0	0	2, 958, 935 1, 065, 04		6, 467, 737 1, 732, 196	40. 00 43. 00
44.00	04400 SKILLED NURSING FACILITY	0	0				44.00
45. 00	04500 NURSING FACILITY ANCILLARY SERVICE COST CENTERS	0	0	(	0	0	45. 00
50.00	05000 OPERATING ROOM	36, 588					50.00
50. 01 50. 02	05001   OPEN HEART SURGERY   05002   OUTPATI ENT SURGERY	27, 948	0 156, 980	1		-	50. 01 50. 02
51.00	05100 RECOVERY ROOM	0	44, 416				1
53. 00 54. 00	05300   ANESTHESI OLOGY   05400   RADI OLOGY-DI AGNOSTI C	16, 909	46, 227 327, 992			3, 802, 565 2, 172, 069	53. 00 54. 00
54. 01	05401 RADI OLOGY SPECIAL PROCEDURES	4, 082	94, 741	618, 283	0	1, 048, 986	54. 01
54. 02 55. 00	05402   ULTRASOUND   05500   RADI OLOGY-THERAPEUTI C	2, 032					54. 02 55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	2, 079	335, 375	1			55. 01
57. 00 58. 00	05700   CT   SCAN   05800   MRI	0	0		-	0	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	o	(	ō	0	59. 00
60. 00 60. 01	06000  LABORATORY  06001  BLOOD LABORATORY	13, 880	337	(	-	6, 298, 709 0	60. 00 60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	(	ō	148	63. 00
63. 01 65. 00	06301   NUCLEAR MEDICINE   06500   RESPIRATORY   THERAPY	2, 748 5, 514				458, 418 3, 170, 998	63. 01 65. 00
66.00	06600 PHYSI CAL THERAPY	14, 266				3, 358, 994	66. 00
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 318 4, 084		1		934, 040 500, 442	67. 00 68. 00
69.00	06900 ELECTROCARDI OLOGY	2, 295				801, 215	1
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 864		1		78, 114	1
71. 00 72. 00	07100   MEDICAL SUPPLIES CHARGED TO PATIENT   07200   IMPL. DEV. CHARGED TO PATIENTS	0	0	(		6, 539, 618 3, 104, 055	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		-	,	1
76. 00 76. 01	03020   PAIN CLINIC   03950   ORTHOPEDICS	925	40	(		0 13, 773	76. 00 76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	8, 144	170, 961	967, 163		1, 139, 647	76. 02
76. 03 76. 04	03957   CARDI AC REHABI LI TATI ON   03190   RADI ATI ON ONCOLOGY	1, 754 18, 277	32, 984 0			506, 240 270, 886	1
76. 05	03951 MRI	4, 002	7, 363	152, 34	0	299, 088	76. 05
76. 06 76. 07	03952  BARI ATRI C CENTER   03550  PSYCH ACTI VI TY THERAPY	0	0	·		0 2, 977, 691	76. 06 76. 07
76. 08	03953 WOUND CARE	6, 535	1, 998	230, 786	0	405, 892	76. 08
76. 09	03954  RENAL DI ALYSI S	12, 621	0	457, 340	0	1, 035, 873	/6.09

| Period: | Worksheet B-1 | From 01/01/2020 | To 12/31/2020 | Date/Time Prepared:

				Ť	o 12/31/2020		
		CADLTAL DEL	_ATED COSTS			7/29/2021 12:	48 pm
		CAPITAL REI	LATED COSTS				
	Cost Center Description	BLDG & FLXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	OTHER	
	, , , , , , , , , , , , , , , , , , ,		(DOLLAR VALUE)	BENEFITS		ADMI NI STRATI VE	
		,		DEPARTMENT		AND GENERAL	
				(GROSS		(ACCUM. COST)	
				SALARI ES)			
7. 10 0	0055 1 NEU0101	1.00	2.00	4.00	5A. 05	5. 05	77.40
	3955 I NFUSI ON	664	34, 638	2, 139, 392		3, 853, 929	
	3956 CARE TRANSITION CENTER	0		6, 237			
	3958 ANTI COAGULATI ON CLI NI C	0	0	313, 772	0	545, 939	76. 12
	UTPATIENT SERVICE COST CENTERS 18800 RURAL HEALTH CLINIC	0	0	0	0	0	88. 00
	18900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	_		
	19000 CLINIC	0	0	0		0	90.00
	9901 OCC HEALTH CLINIC	0	0	121, 264	_	317, 380	
	19002 CARDI OLOGY CLI NI C	0	0	121, 204	0	0 0	90. 02
	19003 SPECIALTY CLINIC	0	Ö	23, 003	0	50, 211	90. 03
	9100 EMERGENCY	15, 593		8, 709, 909		11, 335, 340	
	9200 OBSERVATION BEDS (NON-DISTINCT PART	10,070	1 12, 020	5, 10, 1, 5,		11,000,010	92. 00
	THER REIMBURSABLE COST CENTERS				•	l	
	9900 CMHC	0	0	0	0	0	99. 00
99. 10 0	9910 CORF	0	0	0	0	0	99. 10
	0100 HOME HEALTH AGENCY	11, 759	23, 717	5, 510, 443	0	8, 673, 029	101. 00
	PECIAL PURPOSE COST CENTERS						
	1300 I NTEREST EXPENSE						113. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	577, 076	2, 886, 610	80, 726, 702	-34, 473, 420	165, 674, 979	118. 00
	ONREI MBURSABLE COST CENTERS	4.054	404	00.045		0/ 504	100 00
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 9001 CONVENT	1, 354	181	32, 315		96, 501	
	9001 CONVENT 9002 HOME MEDI CAL EQUI PMENT	0	0	0		11, 802	190. 01
190.021	9003 MEDICAL ARTS BUILDING	0	0	0	_	176, 200	
	9004 WOMEN'S HEALTH CENTER	1, 148	1	44, 206	1	77, 591	
	9005 DEVELOPMENT	1, 140	0	44, 200	0		190. 05
	9006 NEUROSURGERY PROF SERVICES	0	o o	325, 641	1	428, 184	
	9007 I MAGE RECOVERY	0	0	323, 041 0			190. 07
	9008 FAMILY SERVICES	0	0	0	0		190. 08
	9009 MDWI SE	0	Ö	0	0	l	190. 09
	9010 CATHERINE MCAULEY CLINIC	0	o	0	0		190. 10
	9011 CENTER OF HOPE	503	716	49, 966	0	68, 121	
190. 12 1	9012 SELECT	0	0	0	0	0	190. 12
190. 13 1	9013 PERCI NI AS	0	0	0	0	0	190. 13
192.001	9200 PHYSICIANS' PRIVATE OFFICES	6, 198	0	57, 087	1, 661, 997	0	192. 00
192. 01 1	9201 WORKI NG WELL	0	21, 586	379, 763	0	726, 898	192. 01
193.001	9300 NONPALD WORKERS	0	0	0	0	0	193. 00
194. 01 0	17951 REHAB	17, 707	19, 045	0	0	294, 347	194. 01
200.00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers						201. 00
202.00	Cost to be allocated (per Wkst. B,	8, 951, 746	4, 604, 104	5, 202, 526	)	34, 473, 420	202. 00
	Part I)	44 004445	4 5700//	0.040744			
203.00	Unit cost multiplier (Wkst. B, Part I)	14. 821115	1. 572366	0.063744		0. 205744	
204.00	Cost to be allocated (per Wkst. B,			53, 573		979, 520	204.00
205.00	Part II) Unit cost multiplier (Wkst. B, Part			0. 000656		0. 005846	205 00
200.00	II)			0.000656	1	0.005846	203.00
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)						

Peri od: Worksheet B-1 From 01/01/2020 To 12/31/2020 Date/Ti me Prepared:

REPAIRS (SQUARE FEET) CQUARE FEET) LINEN SERVICE (SQUARE (POUNDS OF LAUNDRY)  6.00 7.00 8.00 9.  GENERAL SERVICE COST CENTERS	7/29/2021 12: 48 pm EEEPI NG DI ETARY E FEET) (MEALS SERVED)  00 10.00  1.0 2.0 4.0 5.0
6. 00 7. 00 8. 00 9.  GENERAL SERVI CE COST CENTERS	1. 0 2. 0 4. 0
GENERAL SERVICE COST CENTERS	1. 0 2. 0 4. 0
	2. 0 4. 0
1. 00   00100   CAP   REL   COSTS-BLDG & FIXT   2. 00   00200   CAP   REL   COSTS-MVBLE   EQUI   P   4. 00   00400   EMPLOYEE   BENEFITS   DEPARTMENT   5. 05   00590   OTHER   ADMINISTRATIVE   AND   GENERAL   EQUI   COSTS   COSTS	
6. 00   00600   MAI NTENANCE & REPAI RS   500, 039   7. 00   00700   OPERATI ON OF PLANT   28, 493   471, 546   8. 00   00800   LAUNDRY & LI NEN SERVI CE   754   754   431, 814   9. 00   00900   HOUSEKEEPI NG   11, 001   11, 001   0   10. 00   01000   DI ETARY   11, 490   0   0	459, 791 11, 490 459, 791 129, 579 10. 0
11. 00   01100   CAFETERI A   6, 670   6, 670   0   13. 00   01300   NURSI NG ADMI NI STRATI ON   7, 398   7, 398   0   14. 00   01400   CENTRAL SERVI CES & SUPPLY   10, 673   10, 673   0   01500   01400	6, 670 0 11. 0 7, 398 0 13. 0 10, 673 0 14. 0
15. 00   01500   PHARMACY	6, 398 0 15. 0 18, 953 0 16. 0
17. 00 01700 SOCI AL SERVI CE 1, 124 0	1, 124 0 17. 0
22. 00   02200   1 &R SERVI CES-OTHER PRGM COSTS APPRV   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 22.0
23. 01   02301   PARAMED ED PRGM - LAB 4+1 0 0 0 0	0 0 23.0
23. 02   02302   PARAMED ED PRGM - RADI OLOGY   0   0   0   0   0   0   0   0   0	0 0 23.0
23. 04   02304   PARAMED ED PRGM-PHARMACY 0 0 0	0 0 23.0
23. 05   02305   PARAMED ED PRGM-EMT	4, 716 0 23. 0 0 0 23. 0
INPATIENT ROUTINE SERVICE COST CENTERS	
30. 00   03000   ADULTS & PEDI ATRI CS   130, 330   130, 330   304, 372   31. 00   03100   I NTENSI VE CARE UNI T   19, 248   19, 248   51, 907	130, 330 105, 266 30. 0 19, 248 17, 950 31. 0
35. 00   02040   NEWBORN   NTENSI VE CARE UNIT   0 0 7, 090	0 2, 452 35. 0
40. 00   04000  SUBPROVI DER - 1 PF	0 0 40.0
44. 00   04400   SKI LLED   NURSI NG   FACI LI TY   0   0   0	0 0 44.0
45. 00   04500   NURSI NG FACI LI TY   0   0   0   0   0   0   0   0   0	0 0 45.0
50. 00   05000   0PERATI NG ROOM   36, 588   36, 588   0	36, 588 0 50. 0
50. 01   05001   0PEN HEART SURGERY	0 50.0
50. 02   05002   0UTPATI ENT SURGERY   27, 948   27, 948   0   0   0   0   0   0   0   0   0	27, 948 0 50. 0 0 51. 0
53. 00   05300   ANESTHESI OLOGY	0 0 53.0
54. 00   05400   RADI OLOGY-DI AGNOSTI C   16, 909   16, 909   0   54. 01   05401   RADI OLOGY SPECI AL PROCEDURES   4, 082   4, 082   0	16, 909 0 54. 0 4, 082 0 54. 0
54. 02   05402   ULTRASOUND   2, 032   2, 032   0	2, 032 0 54. 0
55. 00   05500   RADI 0LOGY-THERAPEUTI C	0 0 55. 0 2, 079 0 55. 0
57. 00   05700   CT SCAN	0 0 57.0
58. 00   05800   MRI	0 0 58.0 0 0 59.0
60. 00   06000   LABORATORY   13, 880   13, 880   0	13, 880 0 60. 0
60. 01   06001   BLOOD LABORATORY	0 0 60.0
63. 01 06301 NUCLEAR MEDI CI NE 2, 748 2, 748 0	2, 748 0 63. 0
65. 00   06500   RESPI RATORY THERAPY   5, 514   5, 514   0   66. 00   06600   PHYSI CAL THERAPY   14, 266   14, 266   0	5, 514 0 65. 0 14, 266 0 66. 0
67. 00 06700 OCCUPATI ONAL THERAPY 1, 318 1, 318 0	1, 318 0 67. 0
68. 00   06800   SPEECH PATHOLOGY   4, 084   4, 084   69. 00   06900   ELECTROCARDI OLOGY   2, 295   0	4, 084 0 68. 0 2, 295 0 69. 0
70. 00 07000 ELECTROENCEPHALOGRAPHY 1, 864 1, 864 0	1, 864 0 70. 0
71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENT   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 71.0 0 0 72.0
73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0	0 0 73.0
76. 00   03020   PAI N CLINI C   0 0 0   0   76. 01   03950   0RTHOPEDI CS   925   925   0	0 0 76.0 925 0 76.0
76. 02   03140   CARDI OVASCULAR SERVI CES   8, 144   8, 144   0	8, 144 0 76. 0
76. 03   03957   CARDI AC REHABI LITATI ON 1, 754 1, 754 0   76. 04   03190   RADI ATI ON ONCOLOGY 18, 277 0	1, 754 0 76. 0 18, 277 0 76. 0
76. 05   03951   MRI   4, 002   4, 002   0	4, 002 0 76. 0
76. 06   03952 BARIATRIC CENTER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 76.0 0 0 76.0
76. 07   03350 PSYCH ACTIVITY THERAPY	6, 535 0 76. 0
76. 09   03954   RENAL DI ALYSI S   12, 621   12, 621   0   664   664   0	12, 621 0 76. 0 664 0 76. 1
76. 10   03955   I NFUSI ON 664 0 0 0 0 0 0	664 0 76. 1 0 76. 1
76. 12   03958   ANTI COAGULATI ON CLI NI C   0   0   0	0 0 76.1

				10	J 12/31/2020	7/29/2021 12:	
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	'	REPAI RS	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF			
				LAUNDRY)			
		6. 00	7. 00	8. 00	9. 00	10. 00	
	OUTPATIENT SERVICE COST CENTERS	-	_	-			
88. 00	08800 RURAL HEALTH CLINIC	0	0	0	0	1	00.00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	
90.00	09000 CLI NI C	0	0	0	0	0	70.00
	09001 OCC HEALTH CLINIC	0	0	0	0	0	
90. 02	09002 CARDI OLOGY CLINI C	0	0	0	0	0	
90. 03	09003 SPECIALTY CLINIC	15 500	45 500	0	45 500	0	
	09100 EMERGENCY	15, 593	15, 593	0	15, 593	0	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92. 00
99. 00	OTHER REIMBURSABLE COST CENTERS  09900 CMHC			0		0	99. 00
	09910 CORF	0	0	0	0	0	
	10100 HOME HEALTH AGENCY	11, 759	11, 759		11, 759		101.00
101.00	SPECIAL PURPOSE COST CENTERS	11, 759	11, 759	U	11, 759		1101.00
112 00	11300   NTEREST EXPENSE						113. 00
118.00		473, 129	444, 636	376, 242	432, 881	125, 668	1
110.00	NONREI MBURSABLE COST CENTERS	473, 129	444, 030	370, 242	432,001	125,000	1110.00
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 354	1, 354	0	1, 354	0	190. 00
	19001 CONVENT	0	1, 354	o o	1, 334		190. 01
	19002 HOME MEDICAL EQUIPMENT	0	0		0	1	190. 02
	19003 MEDI CAL ARTS BUILDING	0	0	o o	0		190. 03
	19004 WOMEN'S HEALTH CENTER	1, 148	1, 148	j o	1, 148	1	190. 04
	19005 DEVELOPMENT	1,110	0	0	1, 110	l l	190. 05
	19006 NEUROSURGERY PROF SERVICES	0	0	j o	0		190.06
	19007 I MAGE RECOVERY	0	0		0		190. 07
	19008 FAMILY SERVICES	0	0	o o	0		190. 08
	19009 MDWI SE	0	0	0	0		190. 09
	19010 CATHERINE MCAULEY CLINIC	0	0	o o	0		190. 10
	19011 CENTER OF HOPE	503	503	0	503		190. 11
	19012 SELECT	0	0	0	0	•	190. 12
	19013 PERCINIAS	0	0	0	0		190, 13
	19200 PHYSI CLANS' PRI VATE OFFI CES	6, 198	6, 198	0	6, 198	0	192. 00
192. 01	19201 WORKI NG WELL	0	0	0	0	0	192. 01
193.00	19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194. 01	07951 REHAB	17, 707	17, 707	55, 572	17, 707	3, 911	194. 01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	4, 543, 317	10, 923, 464	691, 988	4, 008, 679	1, 278, 579	202. 00
	Part I)					1	
203.00	Unit cost multiplier (Wkst. B, Part I)	9. 085925	23. 165214	1. 602514	8. 718481	9. 867178	203. 00
204.00		767, 944	526, 215	106, 995	241, 540	242, 180	204. 00
	Part II)						
205.00		1. 535768	1. 115936	0. 247780	0. 525326	1. 868976	205. 00
206.00							206. 00
207.22	(per Wkst. B-2)						207.00
207. 00	· · · · · · · · · · · · · · · · · · ·						207. 00
	Parts III and IV)	1	I	1		I	I

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2020 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL SERVICES & (PROD HOURS) ADMI NI STRATI ON (COSTED REQ RECORDS & **SUPPLY** LI BRARY UIS) (DIRECT NRS (COSTED (GROSS CHAR ING) REQUIS. ) GES) 11.00 13.00 14.00 15.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00590 OTHER ADMINISTRATIVE AND GENERAL 5.05 5.05 00600 MAINTENANCE & REPAIRS 6.00 6.00 00700 OPERATION OF PLANT 7.00 7 00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10 00 10 00 11.00 01100 CAFETERI A 1, 378, 211 11.00 13.00 01300 NURSING ADMINISTRATION 89, 639 450, 101 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 8, 274 100 14.00 68. 910 01500 PHARMACY 100 15 00 15 00 C 16.00 01600 MEDICAL RECORDS & LIBRARY 9,759 0 730, 570, 376 16.00 01700 SOCIAL SERVICE 17.00 0 0 17.00 0 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 0 22 00 Ω 0 22 00 4.152 0 23.00 02300 PARAMED ED PRGM-(SPECIFY) 0 23.00 02301 PARAMED ED PRGM - LAB 4+1 2,064 0 0 23.01 23.01 0 02302 PARAMED ED PRGM - RADIOLOGY 2,034 0 23.02 23.02 0 02303 PARAMED ED PRGM - RESP THER 0 2,088 23 03 Ω 0 23 03 0 0 23.04 02304 PARAMED ED PRGM-PHARMACY 16, 243 0 0 23.04 02305 PARAMED ED PRGM-EMT 23.05 438 0 23.05 23.06 02306 PARAMED ED PRGM - LAB 3+1 0 0 0 23.06 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 407, 053 172, 641 0 0 52, 121, 706 30.00 03100 INTENSIVE CARE UNIT 0 0 12, 592, 559 31.00 70, 174 57, 572 31.00 02040 NEWBORN INTENSIVE CARE UNIT 0 0 2, 281, 313 35.00 19.327 17, 939 35.00 04000 SUBPROVI DER - I PF 0 17, 964, 105 40.00 0 C 40.00 43.00 04300 NURSERY 0 0 0 2, 264, 207 43.00 C 04400 SKILLED NURSING FACILITY 0 44 00 0 0 0 44.00 45.00 04500 NURSING FACILITY 0 0 45.00 C ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 21,034 11,670 26, 423, 747 50.00 0 0 50. 01 05001 OPEN HEART SURGERY 50.01 05002 OUTPATIENT SURGERY 0 0 0 14.909 50.02 18.648 3, 796, 152 50. 02 51.00 05100 RECOVERY ROOM 6,747 5, 678 3, 742, 266 51.00 53.00 05300 ANESTHESI OLOGY 1,979 0 0 0 10, 017, 867 53.00 05400 RADI OLOGY-DI AGNOSTI C 52,070 0 10, 202, 456 54.00 54.00 5, 858 0 05401 RADI OLOGY SPECIAL PROCEDURES 14.927 10, 261, 051 54.01 54.01 8, 864, 288 54.02 05402 ULTRASOUND 10, 337 294 0 0 0 0 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 05501 COMPUTED TOMOGRAPHY 0 34, 507, 609 55.01 55.01 13, 423 120 0 57.00 05700 CT SCAN 0 C 0 57.00 58.00 05800 MRI 0 0 58.00 0 59.00 05900 CARDIAC CATHETERIZATION 0 0 0 59.00 0 06000 LABORATORY 0 57, 179, 313 60.00 C 60.00 60.01 06001 BLOOD LABORATORY 0 0 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 0 0 0 0 1, 332, 046 63.00 06301 NUCLEAR MEDICINE 0 2.858.228 3.806 63.01 63.01 65.00 06500 RESPIRATORY THERAPY 42,025 C 0 11, 582, 392 65.00 66.00 06600 PHYSI CAL THERAPY 55, 928 60 0 6, 234, 593 66.00 06700 OCCUPATIONAL THERAPY 67.00 13, 260 0 0 0 4, 674, 835 67.00 68 00 06800 SPEECH PATHOLOGY 6 424 Ω 0 2, 592, 813 68 00 06900 ELECTROCARDI OLOGY 0 69.00 12, 498 31 12, 270, 988 69.00 07000 ELECTROENCEPHALOGRAPHY 459 0 0 325, 879 70.00 456 70.00 0 07100 MEDICAL SUPPLIES CHARGED TO PATIENT C 74 22, 748, 175 71.00 71.00 0 o 07200 IMPL. DEV. CHARGED TO PATIENTS 0 26 4. 934. 890 72 00 72 00 Ω 73.00 07300 DRUGS CHARGED TO PATIENTS 0 C 100 263, 214, 960 73.00 03020 PAIN CLINIC 0 0 0 76.00 76.00 0 76.01 03950 ORTHOPEDI CS 0 0 76.01 0 14, 905, 787 03140 CARDI OVASCULAR SERVI CES 9 915 0 76.02 18 569 76.02 o 76.03 03957 CARDIAC REHABILITATION 7, 364 3, 019 0 2, 019, 373 76.03 03190 RADIATION ONCOLOGY 0 173, 775 76.04 76.04 0 76.05 03951 MRI 0 0 6, 567, 000 76.05 3.583 76.06 03952 BARLATRIC CENTER C 0 0 76.06 03550 PSYCH ACTIVITY THERAPY 76.07 76.07 0 76.08 03953 WOUND CARE 6, 973 4. 253 0 1, 543, 828 76.08 0 2, 573, 952 03954 RENAL DIALYSIS 76.09 76.09 76. 10 03955 I NFUSI ON 59, 798 51 0 17, 452, 812 76.10 03956 CARE TRANSITION CENTER 21, 362 76.11

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2020 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & (COSTED REQ RECORDS & (PROD HOURS) **SUPPLY** UIS) LI BRARY (DIRECT NRS (COSTED (GROSS CHAR ING) REQUIS.) GES) 11.00 13.00 14.00 15.00 16.00 76. 12 03958 ANTI COAGULATION CLINIC 8, 151 0 562, 704 0 76.12 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 0 88.00 0 |08900| FEDERALLY QUALIFIED HEALTH CENTER 89.00 0 0 0 89.00 09000 CLI NI C 0 0 90.00 90.00 0 90.01 09001 OCC HEALTH CLINIC 0 253, 470 90.01 6.554 0 09002 CARDIOLOGY CLINIC 0 90 02 90 02 C Ω 90.03 09003 SPECIALTY CLINIC 408 0 0 0 90.03 91.00 09100 EMERGENCY 127, 334 64, 426 0 0 77, 850, 355 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92 00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 0 0 0 n 99.00 99. 10 09910 CORF 0 0 0 99. 10 101.00 10100 HOME HEALTH AGENCY 144, 068 67, 642 21, 657, 520 101. 00 O 0 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 1, 356, 522 436, 538 100 100 730, 570, 376 118. 00 118 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 773 0 0 190. 00 0 190. 01 19001 CONVENT 0 190. 01 0 0 0 0 190. 02 19002 HOME MEDICAL EQUIPMENT 0 0 190. 02 0 0 190. 03 19003 MEDICAL ARTS BUILDING 0 0 0 0 190.03 190. 04 19004 WOMEN'S HEALTH CENTER 2,080 0 0 0 0 0 0 0 0 0 0 0 190.04 190. 05 19005 DEVELOPMENT 0 190. 05 0 0 190. 06 19006 NEUROSURGERY PROF SERVICES 0 190.06 0 2.228 Ω 190. 07 19007 I MAGE RECOVERY 0 0 190. 07 190. 08 19008 FAMILY SERVICES 0 0 0 190. 08 190. 09 19009 MDWI SE 0 190. 09 0 0 190. 10 19010 CATHERINE MCAULEY CLINIC 0 0 190, 10 0 C 190. 11 19011 CENTER OF HOPE 1, 148 460 0 0 190. 11 190. 12 19012 SELECT 0 190, 12 190. 13 19013 PERCI NI AS 0 0 190. 13 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192 00 2.009 11, 033 192. 01 19201 WORKING WELL 0 0 192. 01 12, 451 2,070 o 0 193.00 193.00 19300 NONPALD WORKERS 0 C 0 194. 01 07951 REHAB 0 194, 01 0 0 0 200.00 Cross Foot Adjustments 200. 00 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, 1, 753, 824 7, 832, 350 1, 868, 207 6, 812, 468 2, 726, 040 202. 00 Part I) 18, 682. 070000 Unit cost multiplier (Wkst. B, Part I) 1. 272537 17. 401317 68, 124. 680000 0.003731 203.00 203.00 204.00 Cost to be allocated (per Wkst. B, 127, 786 270, 839 302, 822 172, 570 351, 628 204. 00 Part II) Unit cost multiplier (Wkst. B, Part 0.092719 0.601729 0.000481 205.00 205.00 3, 028, 220000 1. 725. 700000 II)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)

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2020 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm INTERNS & **RESI DENTS** Cost Center Description SOCIAL SERVICE SERVICES-OTHER PARAMED ED PARAMED ED PARAMED ED PRGM COSTS PRGM PRGM - LAB 4+1 PRGM (GROSS CHAR (ASSI GNED RADI OLOGY **APPRV** (ASSI GNED GES) (ASSI GNED TIME) (ASSI GNED TIME) TIME) TIME) 17. 00 23.00 22. 00 23.01 23. 02 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00590 OTHER ADMINISTRATIVE AND GENERAL 5 05 5 05 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 00900 HOUSEKEEPI NG 9 00 9 00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 01700 SOCIAL SERVICE 730, 570, 376 17.00 17.00 |02200|1&R SERVICES-OTHER PRGM COSTS APPRV 22 00 100 22 00 02300 PARAMED ED PRGM-(SPECIFY) 100 23.00 23.00 23. 01 02301 PARAMED ED PRGM - LAB 4+1 0 100 23.01 0 02302 PARAMED ED PRGM - RADIOLOGY 23.02 100 23.02 02303 PARAMED ED PRGM - RESP THER 23.03 23.03 02304 PARAMED ED PRGM-PHARMACY 0 23.04 23.04 23.05 02305 PARAMED ED PRGM-EMT 23.05 02306 PARAMED ED PRGM - LAB 3+1 23.06 23.06 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 52, 121, 706 30.00 o 31.00 03100 INTENSIVE CARE UNIT 12, 592, 559 0 0 0 31.00 0 02040 NEWBORN INTENSIVE CARE UNIT 0 35.00 2, 281, 313 C 0 35.00 04000 SUBPROVIDER - IPF 17, 964, 105 0 0 40.00 40.00 0 0 0 0 43.00 04300 NURSERY 2, 264, 207 0 0 43.00 04400 SKILLED NURSING FACILITY 0 44 00 C 0 44 00 0 45.00 04500 NURSING FACILITY 0 0 0 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 26, 423, 747 0 0 0 0 50.00 05001 OPEN HEART SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 50.01 50.01 0 50.02 05002 OUTPATIENT SURGERY 3, 796, 152 0 0 50.02 51.00 05100 RECOVERY ROOM 3, 742, 266 0 0 0 51.00 0 05300 ANESTHESI OLOGY 10.017.867 0 53 00 0 53 00 0 95 54.00 05400 RADI OLOGY-DI AGNOSTI C 10, 202, 456 0 54.00 54.01 05401 RADI OLOGY SPECIAL PROCEDURES 10, 261, 051 0 2 54.01 0 54.02 05402 ULTRASOUND 8, 864, 288 0 1 54.02 05500 RADI OLOGY-THERAPEUTI C 0 55 00 Ω 0 55 00 55.01 05501 COMPUTED TOMOGRAPHY 34, 507, 609 0 2 55.01 05700 CT SCAN 0 0 0 57.00 57.00 05800 MRI 58.00 0 0 0 0 58.00 05900 CARDIAC CATHETERIZATION 0 59 00 0 0 59 00 60.00 06000 LABORATORY 57, 179, 313 0 0 82 0 60.00 06001 BLOOD LABORATORY 0 60.01 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 1.332.046 0 63.00 0 06301 NUCLEAR MEDICINE 63.01 2, 858, 228 0 0 63.01 65.00 06500 RESPIRATORY THERAPY 11, 582, 392 0 65.00 06600 PHYSI CAL THERAPY 0 66.00 6, 234, 593 0 0 66.00 06700 OCCUPATIONAL THERAPY 67 00 4, 674, 835 0 0 67.00 0 68.00 06800 SPEECH PATHOLOGY 2, 592, 813 0 0 68.00 06900 ELECTROCARDI OLOGY 12, 270, 988 0 69.00 0 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 325.879 0 0 0 70.00 |07100|MEDICAL SUPPLIES CHARGED TO PATIENT 0 0 71.00 22, 748, 175 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 4, 934, 890 0 0 72.00 72.00 07300 DRUGS CHARGED TO PATIENTS 73 00 263, 214, 960 100 0 73.00 03020 PAIN CLINIC 0 76.00 0 0 76.00 0 03950 ORTHOPEDICS 76.01 C 0 0 76.01 03140 CARDI OVASCULAR SERVI CES 14, 905, 787 76.02 76.02 0 03957 CARDIAC REHABILITATION 76.03 2,019,373 0 0 0 76.03 03190 RADIATION ONCOLOGY 76.04 173.775 0 0 0 76.04 0 76.05 03951 MRI 6, 567, 000 0 0 76.05 76.06 03952 BARLATRIC CENTER 0 0 0 0 76.06 03550 PSYCH ACTIVITY THERAPY 0 0 76.07 76.07 0 03953 WOUND CARE 1, 543, 828 0 76.08 0 76.08 0 0 76.09 03954 RENAL DIALYSIS 2, 573, 952 0 76.09

| Period: | Worksheet B-1 | From 01/01/2020 | To 12/31/2020 | Date/Time Prepared: Provider CCN: 15-0004

				Ť	o 12/31/2020	Date/Time Prep 7/29/2021 12:4	
			INTERNS &			7,27,2021 12.	10 piii
	Cost Center Description	SOCIAL SERVICE	RESI DENTS	PARAMED ED	PARAMED ED	PARAMED ED	
	Cost center bescription	SUCTAL SERVICE	PRGM COSTS	PRGM	PRGM - LAB 4+1	PRGM -	
		(GROSS CHAR	APPRV	(ASSI GNED		RADI OLOGY	
		GES)	(ASSI GNED	TIME)	(ASSI GNED	(ASSI GNED	
		17. 00	TI ME) 22. 00	23. 00	TI ME) 23. 01	TI ME) 23. 02	
76. 10 03955	I NFUSI ON	17, 452, 812	22.00			23.02	76. 10
	CARE TRANSITION CENTER	21, 362	0			Ö	76. 11
76. 12 03958	ANTICOAGULATION CLINIC	562, 704	0	0	0	0	76. 12
	TIENT SERVICE COST CENTERS				1		
	RURAL HEALTH CLINIC	0	0			0	88. 00
	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0		0	89. 00 90. 00
	OCC HEALTH CLINIC	253, 470	0		0	Ö	90. 01
	CARDI OLOGY CLINIC	0	0	0	0	0	90. 02
	SPECIALTY CLINIC	0	0	0	0	0	90. 03
•	EMERGENCY	77, 850, 355	100	0	0	0	91.00
	OBSERVATION BEDS (NON-DISTINCT PART						92. 00
99. 00 09900	REIMBURSABLE COST CENTERS	0	0	0	O	0	99. 00
99. 10 09910		0	0			o o	99. 10
•	HOME HEALTH AGENCY	21, 657, 520	0			0	101. 00
	AL PURPOSE COST CENTERS				,		
	INTEREST EXPENSE	720 570 27/	100	100	100		113.00
118. 00 NONDE	SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS	730, 570, 376	100	100	100	100	118. 00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
190. 01 19001	CONVENT	0	0	0	0	0	190. 01
	HOME MEDICAL EQUIPMENT	0	0	0	0		190. 02
	MEDICAL ARTS BUILDING	0	0	0	-		190. 03
190. 04 19004 190. 05 19005	WOMEN'S HEALTH CENTER	0	0	0			190. 04 190. 05
	NEUROSURGERY PROF SERVICES	0	0		-		190. 05
	I MAGE RECOVERY	0	0		-		190. 07
	FAMILY SERVICES	0	0	0	0		190. 08
190. 09 19009		0	0	0	0		190. 09
	CATHERINE MCAULEY CLINIC	0	0	0	0		190. 10
	CENTER OF HOPE	0	0	0	-		190. 11
190. 12 19012 190. 13 19013		0	0	0	-		190. 12 190. 13
	PHYSICIANS' PRIVATE OFFICES	0	0				190. 13
	WORKING WELL	0	0	Ö	0		192. 01
193. 00 19300	NONPALD WORKERS	0	0	0	0	0	193. 00
194. 01 07951		0	0	0	0		194. 01
200. 00	Cross Foot Adjustments						200.00
201. 00 202. 00	Negative Cost Centers Cost to be allocated (per Wkst. B,	66, 137	1, 239, 028	0	247, 254		201. 00
202.00	Part I)	00, 137	1, 237, 020		247, 254	104, 003	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 000091	12, 390. 280000	0. 000000	2, 472. 540000	1, 046. 630000	203. 00
204. 00	Cost to be allocated (per Wkst. B,	20, 326	6, 439		1, 781		204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 000028	64. 390000	0. 000000	17. 810000	7. 260000	205.00
206. 00	NAHE adjustment amount to be allocated			0	0	0	206. 00
207. 00	(per Wkst. B-2) NAHE unit cost multiplier (Wkst. D,			0. 000000	0. 000000	0. 000000	207 00
207.00	Parts III and IV)			3.00000	3.000000	3.000000	237.00
		•					

Health Financial Systems FRANCISCAN HEALTH HAMMOND In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004 From 01/01/2020 To 12/31/2020 Date/Time Prepared:

				Т	o 12/31/2020	Date/Time Prepared: 7/29/2021 12:48 pm	
	Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	772772021 121 10 pin	
		PRGM - RESP	PRGM-PHARMACY	PRGM-EMT	PRGM - LAB 3+1		
		THER (ASSI GNED	(ASSIGNED TIME)	(ASSI GNED TI ME)	(ASSI GNED		
		TIME)		, , , , ,	TIME)		
	CENIEDAL CEDVICE COST CENTEDS	23. 03	23. 04	23. 05	23. 06		
1.00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FIXT					1.00	00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					2. 0	
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4. 0	
5. 05 6. 00	OO590 OTHER ADMINISTRATIVE AND GENERAL   OO600 MAINTENANCE & REPAIRS			•		5. 0	
7. 00	00700 OPERATION OF PLANT					7. 0	
8.00	00800 LAUNDRY & LINEN SERVICE					8. 0	
9.00	00900 HOUSEKEEPI NG					9. 0	
10. 00 11. 00	01000  DI ETARY  01100  CAFETERI A					10. 00	
13. 00	01300 NURSING ADMINISTRATION					13. 0	
14. 00	01400 CENTRAL SERVICES & SUPPLY					14. 0	
15. 00 16. 00	01500   PHARMACY   01600   MEDICAL RECORDS & LIBRARY					15. 00 16. 00	
17. 00	01700 SOCIAL SERVICE					17. 0	
22. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV					22. 0	
23. 00	02300 PARAMED ED PRGM-(SPECIFY)					23. 0	
23. 01 23. 02	O2301   PARAMED ED PRGM - LAB 4+1   O2302   PARAMED ED PRGM - RADIOLOGY					23. 0	
23. 02	02303 PARAMED ED PRGM - RESP THER	100				23. 0	
23. 04	02304 PARAMED ED PRGM-PHARMACY		100			23. 0	)4
23. 05	02305 PARAMED ED PRGM-EMT			100		23. 0	
23. 06	02306   PARAMED ED PRGM - LAB 3+1     NPATIENT ROUTINE SERVICE COST CENTERS				100	23. 0	)6
30.00	03000 ADULTS & PEDIATRICS	0	0	C	0	30.00	)0
31. 00	03100 INTENSIVE CARE UNIT	0	0	1	1	31. 0	
35. 00 40. 00	02040   NEWBORN   INTENSIVE CARE UNIT   04000   SUBPROVI DER -   IPF	0	0	0	-	35. 00 40. 00	
43. 00	04300 NURSERY	0			-	43. 0	
44. 00	04400 SKILLED NURSING FACILITY	0	0	1		44. 0	
45. 00	04500 NURSING FACILITY	0	0	<u>C</u>	0	45. 0	)0
50. 00	ANCILLARY SERVICE COST CENTERS    05000   OPERATING ROOM	0	0	C	0	50. 0	10
50. 01	05001 OPEN HEART SURGERY	0	Ö	l .		50. 0	
50. 02	05002 OUTPATIENT SURGERY	0	0	C		50. 0	
51. 00 53. 00	05100   RECOVERY   ROOM   05300   ANESTHESI OLOGY	0	0	C		51. 00 53. 00	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	0			54. 0	
54. 01	05401 RADI OLOGY SPECIAL PROCEDURES	0	0	o c	o	54. 0	)1
54. 02	05402 ULTRASOUND	0	0	O		54. 0	
55. 00 55. 01	O5500   RADI OLOGY-THERAPEUTI C   O5501   COMPUTED   TOMOGRAPHY	0	0	C	١	55. 0 55. 0	
57. 00	05700 CT SCAN	0	Ö	ď		57. 0	
	05800 MRI	0	0	C	0	58. 0	
	05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY	0	0	0	0	59. 00 60. 00	
60. 00	06001 BLOOD LABORATORY	0	0		0	60. 0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	C	o	63. 0	00
63. 01	06301 NUCLEAR MEDICINE	0	0	C		63. 0	
65. 00 66. 00	06500   RESPI RATORY   THERAPY   06600   PHYSI CAL   THERAPY	100	0		-	65. 00 66. 00	
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	C		67. 0	
	06800 SPEECH PATHOLOGY	0	0	C	0	68. 0	
	06900  ELECTROCARDI OLOGY   07000  ELECTROENCEPHALOGRAPHY	0	0	0	0	69. 00 70. 00	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	71. 0	
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	-	o	72. 0	00
	07300 DRUGS CHARGED TO PATIENTS	0	100	ı		73. 0	
	03020   PAI N CLI NI C   03950   ORTHOPEDI CS	0	0	C	0	76. 0 76. 0	
	03140 CARDI OVASCULAR SERVI CES	0	0		0	76. 0	
76. 03	03957 CARDI AC REHABI LI TATI ON	0	0	C	o	76. 0	03
	03190 RADI ATI ON ONCOLOGY	0	0	O C	0	76. 0	
	03951   MRI   03952   BARI ATRI C CENTER	0	0			76. 09 76. 0	
	03550 PSYCH ACTIVITY THERAPY	0	Ö	ď	ol ol	76. 0	
	03953 WOUND CARE	0	0	C	l o	76. 0	
	03954 RENAL DI ALYSI S 03955 I NFUSI ON	0	0		0	76. 0 <sup>o</sup>	
	03956 CARE TRANSITION CENTER	0	0			76. 1	
			·			1 25.5	_

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0004 Peri od: Worksheet B-1 From 01/01/2020 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm Cost Center Description PARAMED ED PARAMED ED PARAMED ED PARAMED ED PRGM-PHARMACY PRGM-EMT PRGM - LAB 3+1 PRGM - RESP THER (ASSI GNED (ASSI GNED (ASSI GNED TIME) (ASSI GNED TIME) TIME) TIME) 23.04 23. 05 23.03 23.06 76. 12 03958 ANTI COAGULATION CLINIC 0 0 0 0 76.12 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 00 0 88.00 0 |08900| FEDERALLY QUALIFIED HEALTH CENTER 89.00 C 0 89.00 09000 CLI NI C 0 0 0 90.00 90.00 0 0 90. 01 09001 OCC HEALTH CLINIC 0 0 0 90.01 09002 CARDIOLOGY CLINIC 0 0 0 90.02 90.02 90.03 09003 SPECIALTY CLINIC 0 0 0 0 90.03 91.00 09100 EMERGENCY 100 100 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.00 92 00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 0 0 0 0 99.00 99. 10 09910 CORF 0 0 0 0 99. 10 101.00 10100 HOME HEALTH AGENCY 101 00 0 O 0 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | NTEREST EXPENSE 113.00 SUBTOTALS (SUM OF LINES 1 through 117) 100 100 100 100 118 00 118 00 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 0 190.00 0 190. 01 19001 CONVENT 0 000000000000000 0 0 190.01 190. 02 19002 HOME MEDICAL EQUIPMENT 0 190. 02 0 190. 03 19003 MEDICAL ARTS BUILDING 0 0 0 190.03 190. 04 19004 WOMEN'S HEALTH CENTER 0 190.04 190. 05 19005 DEVELOPMENT 0 0 0 0 190.05 190. 06 19006 NEUROSURGERY PROF SERVICES 0 Ω 190. 06 190. 07 19007 I MAGE RECOVERY 0 190. 07 190. 08 19008 FAMILY SERVICES 190.08 0 0 190. 09 19009 MDWI SE 190. 09 190. 10 19010 CATHERINE MCAULEY CLINIC l190. 10 0 0 190. 11 19011 CENTER OF HOPE 190.11 190. 12 190. 12 19012 SELECT 0 190. 13 19013 PERCI NI AS 0 0 190. 13 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 0 192 00 0 192. 01 19201 WORKING WELL 0 192. 01 193. 00 19300 NONPALD WORKERS 0 0 0 193.00 194. 01 07951 REHAB 194. 01 0 0 0 200.00 Cross Foot Adjustments 200. 00 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, 100, 973 751, 785 313, 679 82, 415 202. 00

7, 517. 850000

54. 190000

0.000000

5, 419

3, 136. 790000

855.070000

0.000000

85, 507

824. 150000

4.000000

0.000000

0

203.00

204.00

205.00

206. 00

207. 00

1, 009. 730000

7. 220000

0.000000

722

0

Part I)

Part II)

(per Wkst. B-2)

Parts III and IV)

II)

Unit cost multiplier (Wkst. B, Part I)

NAHE adjustment amount to be allocated

Cost to be allocated (per Wkst. B,

Unit cost multiplier (Wkst. B, Part

NAHE unit cost multiplier (Wkst. D,

203.00

204.00

205.00

206.00

207.00

Provider CCN: 15-0004 

					0 12/31/2020	7/29/2021 12:	
			Title	: XVIII	Hospi tal	PPS	то ріп
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
	LABORT ENT DOUTLAG OFFICE OF COOT OFFITEDO	1.00	2. 00	3. 00	4. 00	5. 00	
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	20 40/ 171	I	20 40/ 171	F 1/1	20 501 222	20.00
30.00	03000 ADULTS & PEDIATRICS	38, 496, 171		38, 496, 171			1
31. 00 35. 00	03100   INTENSIVE CARE UNIT   02040   NEWBORN   INTENSIVE CARE UNIT	7, 175, 821 2, 593, 153		7, 175, 821 2, 593, 153		7, 192, 912 2, 593, 153	1
40. 00	04000 SUBPROVI DER - I PF	7, 867, 094		7, 867, 094		7, 867, 094	1
43. 00	04300 NURSERY	2, 117, 868		2, 117, 868		2, 117, 868	1
44. 00	04400 SKILLED NURSING FACILITY	2,117,000		2,117,000	1	2,117,000	1
45. 00	04500 NURSING FACILITY	Ö				Ö	1
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	4, 418, 461		4, 418, 461	4, 097	4, 422, 558	50. 00
50. 01	05001 OPEN HEART SURGERY	0		C	0	0	50. 01
50. 02	05002 OUTPATI ENT SURGERY	3, 418, 242		3, 418, 242	0	3, 418, 242	
51. 00	05100 RECOVERY ROOM	747, 895		747, 895		747, 895	1
53. 00	05300 ANESTHESI OLOGY	4, 625, 727		4, 625, 727		4, 625, 727	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	3, 516, 451		3, 516, 451		3, 516, 451	1
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	1, 594, 290		1, 594, 290		.,,	
54. 02	05402 ULTRASOUND	990, 217		990, 217		990, 217	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	1 700 022		1 700 000	_	1 700 022	
55. 01 57. 00	O5501   COMPUTED TOMOGRAPHY   O5700   CT SCAN	1, 789, 922		1, 789, 922	_	1, 789, 922	1
58. 00	05800 MRI				0	0	58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON				0	0	1
60.00	06000 LABORATORY	8, 584, 577		8, 584, 577	_		
60. 01	06001 BLOOD LABORATORY	0, 304, 377		0, 304, 377		0, 300, 173	1
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	44, 830		44, 830	_		1
63. 01	06301 NUCLEAR MEDICINE	686, 031		686, 031		686, 031	1
65. 00	06500 RESPI RATORY THERAPY	4, 248, 038	O				1
66.00	06600 PHYSI CAL THERAPY	4, 730, 602	0	4, 730, 602	7, 210	4, 737, 812	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	1, 214, 952	0	1, 214, 952	0	1, 214, 952	67.00
68.00	06800 SPEECH PATHOLOGY	788, 810	0	788, 810	0	788, 810	68. 00
69. 00	06900 ELECTROCARDI OLOGY	1, 123, 428		1, 123, 428	0	1, 123, 428	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	180, 317		180, 317	676	180, 993	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9, 354, 521		9, 354, 521		.,,	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	4, 247, 291		4, 247, 291			
73. 00	07300 DRUGS CHARGED TO PATIENTS	37, 249, 207		37, 249, 207			1
76. 00	03020 PAIN CLINIC	0		54.50	_	0	
76. 01	03950 ORTHOPEDICS	54, 504		54, 504		54, 504	1
76. 02 76. 03	03140   CARDI OVASCULAR SERVI CES   03957   CARDI AC REHABI LI TATI ON	1, 960, 913		1, 960, 913			1
76. 03	03190 RADI ATI ON ONCOLOGY	751, 881 1, 076, 085		751, 881 1, 076, 085		751, 881 1, 076, 085	1
76. 05	03951 MRI	554, 243		554, 243		554, 243	1
76. 06	03952 BARI ATRI C CENTER	004, 240		334, 243		0	1
	03550 PSYCH ACTIVITY THERAPY	3, 590, 333		3, 590, 333	_		1
	03953 WOUND CARE	845, 920		845, 920		846, 811	1
76. 09	03954 RENAL DIALYSIS	1, 775, 912		1, 775, 912			1
76. 10	03955 I NFUSI ON	4, 817, 742		4, 817, 742		4, 823, 501	1
76. 11	03956 CARE TRANSITION CENTER	8, 082		8, 082	0	8, 082	76. 11
76. 12	03958 ANTI COAGULATION CLINIC	670, 802		670, 802	12, 911	683, 713	76. 12
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0		(			
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		(		-	
90.00	09000 CLI NI C	0		(		0	
90. 01	09001 OCC HEALTH CLINIC	391, 988		391, 988		391, 988	1
90. 02	09002 CARDI OLOGY CLINI C	0		(4.04	0	0	
90. 03	09003 SPECIALTY CLINIC	61, 061		61, 061		61, 061	
	O9100   EMERGENCY   O9200   OBSERVATION   BEDS   (NON-DISTINCT   PART	16, 283, 129		16, 283, 129 10, 139, 241			1
92. 00	OTHER REIMBURSABLE COST CENTERS	10, 139, 241		10, 139, 241		10, 139, 241	92.00
99. 00	09900 CMHC	T 0				0	99. 00
	09910 CORF		ł			0	1
	10100 HOME HEALTH AGENCY	12, 382, 382		12, 382, 382		12, 382, 382	
	SPECIAL PURPOSE COST CENTERS						1
113.00	11300   INTEREST EXPENSE						113. 00
200.00		207, 168, 134	0	207, 168, 134	68, 283		
201.00	1 1	10, 139, 241		10, 139, 241		10, 139, 241	
202.00	Total (see instructions)	197, 028, 893	0	197, 028, 893	68, 283	197, 097, 176	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet C | From 01/01/2020 Part I | To 12/31/2020 Date/Time Prepared: 7/29/2021 12: 48 pm Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0004

							7/29/2021 12:	48 pm
					XVIII	Hospi tal	PPS	
		Cost Center Description	Inpatient	Charges Outpatient	Total (col. 6	Cost or Other	TEFRA	
		cost center bescription	тпраттепт	outpatrent	+ col . 7)	Ratio	Inpatient	
					' 001. '/	Katro	Ratio	
			6.00	7. 00	8.00	9. 00	10.00	
	I NPAT	ENT ROUTINE SERVICE COST CENTERS						
30.00	1	ADULTS & PEDIATRICS	40, 998, 688		40, 998, 688			30. 00
31. 00		INTENSIVE CARE UNIT	12, 592, 559		12, 592, 559			31. 00
35. 00		NEWBORN INTENSIVE CARE UNIT	2, 281, 313		2, 281, 313			35. 00
40. 00 43. 00		SUBPROVI DER - I PF	17, 964, 105		17, 964, 105			40.00
44. 00		NURSERY SKILLED NURSING FACILITY	2, 264, 207 0		2, 264, 207			43. 00 44. 00
45. 00		NURSING FACILITY	o					45. 00
10.00		_ARY SERVICE COST CENTERS	<u> </u>					10.00
50.00		OPERATING ROOM	8, 840, 878	17, 582, 869	26, 423, 747	0. 167216	0. 000000	50. 00
50. 01		OPEN HEART SURGERY	0	0		0. 000000	0.000000	1
50. 02		OUTPATI ENT SURGERY	1, 772, 850	2, 023, 302	1		0. 000000	
51.00		RECOVERY ROOM	1, 059, 491	2, 682, 775	1		0.000000	
53.00		ANESTHESI OLOGY	3, 776, 793	6, 241, 074			0. 000000 0. 000000	
54. 00 54. 01		RADI OLOGY -DI AGNOSTI C RADI OLOGY SPECI AL PROCEDURES	3, 386, 383 4, 690, 000	6, 816, 073 5, 571, 051	1		0. 000000	1
54. 02		ULTRASOUND	3, 432, 433	5, 431, 855	1		0. 000000	
55. 00		RADI OLOGY-THERAPEUTI C	0, 102, 100	0, 101, 000	0,001,200	0. 000000	0. 000000	
55. 01		COMPUTED TOMOGRAPHY	11, 477, 409	23, 030, 200	34, 507, 609		0.000000	
57. 00		CT SCAN	0	0	0	0. 000000	0.000000	
58. 00	05800		0	0	0	0. 000000	0. 000000	
59. 00		CARDI AC CATHETERI ZATI ON	0	0	0	0.000000	0. 000000	
60.00		LABORATORY	31, 170, 954	26, 008, 359	1		0.000000	
60. 01 63. 00		BLOOD LABORATORY BLOOD STORING, PROCESSING & TRANS.	954, 952	0 377, 094	1	0. 000000 0. 033655	0. 000000 0. 000000	
63. 00		NUCLEAR MEDICINE	983, 925	1, 874, 303			0. 000000	1
65. 00		RESPIRATORY THERAPY	10, 802, 621	779, 771			0. 000000	
66.00	1	PHYSI CAL THERAPY	4, 489, 615	1, 744, 978			0. 000000	66. 00
67.00	06700	OCCUPATIONAL THERAPY	3, 970, 058	704, 777	4, 674, 835	0. 259892	0.000000	67. 00
68. 00		SPEECH PATHOLOGY	2, 152, 300	440, 513	2, 592, 813		0.000000	68. 00
69. 00		ELECTROCARDI OLOGY	6, 240, 119	6, 030, 869	1		0. 000000	
70.00	1	ELECTROENCEPHALOGRAPHY	0	325, 879			0. 000000	
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENT IMPL. DEV. CHARGED TO PATIENTS	13, 106, 340	9, 641, 835	1		0. 000000 0. 000000	
73. 00		DRUGS CHARGED TO PATTENTS	2, 711, 929 27, 927, 682	2, 222, 961 235, 287, 278			0. 000000	
76. 00		PAIN CLINIC	27, 727, 002	255, 267, 270	203, 214, 700	0. 000000	0. 000000	
76. 01		ORTHOPEDICS	Ö	0	Ö	0. 000000	0. 000000	1
76. 02	03140	CARDI OVASCULAR SERVI CES	10, 395, 391	4, 510, 396	14, 905, 787	0. 131554	0. 000000	76. 02
76. 03	1	CARDIAC REHABILITATION	422, 873	1, 596, 500	2, 019, 373		0.000000	
76. 04		RADIATION ONCOLOGY	0	173, 775	1		0. 000000	
76. 05	03951		2, 693, 460	3, 873, 540	1		0.000000	
76. 06 76. 07		BARIATRIC CENTER PSYCH ACTIVITY THERAPY	0	0		0. 000000 0. 000000	0. 000000 0. 000000	
76. 07		WOUND CARE	0	1, 543, 828			0. 000000	
76. 09		RENAL DI ALYSI S	2, 331, 072	242, 880			0. 000000	
76. 10	1	INFUSION	11, 462	17, 441, 350	1		0. 000000	ı
76. 11	03956	CARE TRANSITION CENTER	21, 362	0	l		0.000000	1
76. 12		ANTICOAGULATION CLINIC	434	562, 270	562, 704	1. 192105	0.000000	76. 12
		TIENT SERVICE COST CENTERS						
88. 00		RURAL HEALTH CLINIC	0	0	l .			88. 00
89. 00 90. 00		FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0		0. 000000	0. 000000	89. 00 90. 00
90.00	1	OCC HEALTH CLINIC	0	253, 470	253, 470		0. 000000	90.00
90. 01		CARDI OLOGY CLINI C		255, 470	253, 470	0. 000000	0. 000000	
90. 03		SPECIALTY CLINIC	l ö	0	i o	0. 000000	0. 000000	1
91. 00		EMERGENCY	21, 068, 423	56, 781, 932			0. 000000	1
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11, 123, 018	11, 123, 018	0. 911555	0. 000000	92. 00
		REIMBURSABLE COST CENTERS						
99. 00	09900		0	0	1			99. 00
99. 10	09910		0	01 (57 500				99. 10
101.00		HOME HEALTH AGENCY	0	21, 657, 520	21, 657, 520			101. 00
113 00		AL PURPOSE COST CENTERS  INTEREST EXPENSE						113. 00
200.00		Subtotal (see instructions)	255, 992, 081	474, 578, 295	730, 570, 376			200. 00
201.00		Less Observation Beds		.,,				201. 00
202.00		Total (see instructions)	255, 992, 081	474, 578, 295	730, 570, 376			202. 00
			·			·		

Date/Time Prepared: 12/31/2020 7/29/2021 12:48 pm Title XVIII Hospi tal PPS Cost Center Description PPS Inpatient Ratio 11 00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 31.00 03100 INTENSIVE CARE UNIT 31.00 35. 00 02040 NEWBORN INTENSIVE CARE UNIT 35 00 40.00 04000 SUBPROVI DER - I PF 40.00 04300 NURSERY 43.00 43.00 44.00 04400 SKILLED NURSING FACILITY 44.00 04500 NURSING FACILITY 45.00 45.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 167371 50.00 05001 OPEN HEART SURGERY 0.000000 50.01 50 01 05002 OUTPATIENT SURGERY 50.02 0. 900449 50.02 51.00 05100 RECOVERY ROOM 0.199851 51.00 05300 ANESTHESI OLOGY 0.461748 53.00 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.344667 54.00 05401 RADI OLOGY SPECIAL PROCEDURES 54.01 0.155373 54.01 54. 02 05402 ULTRASOUND 0.111709 54.02 05500 RADI OLOGY-THERAPEUTI C 0.000000 55.00 55.00 05501 COMPUTED TOMOGRAPHY 55 01 0.051870 55 01 05700 CT SCAN 0.000000 57.00 57.00 58.00 05800 MRI 0.000000 58.00 05900 CARDIAC CATHETERIZATION 59.00 59.00 0.000000 60.00 06000 LABORATORY 0. 150163 60.00 60.01 06001 BLOOD LABORATORY 0.000000 60.01 06300 BLOOD STORING, PROCESSING & TRANS. 0. 033655 63.00 63.00 06301 NUCLEAR MEDICINE 63.01 0. 240020 63.01 65.00 06500 RESPIRATORY THERAPY 0.366917 65.00 0. 759923 06600 PHYSI CAL THERAPY 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 0. 259892 67.00 06800 SPEECH PATHOLOGY 0.304229 68.00 68.00 69.00 06900 ELECTROCARDI OLOGY 0.091552 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 0. 555399 70.00 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0 411221 71 00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 0.860666 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 141516 73.00 76.00 03020 PAIN CLINIC 0.000000 76.00 03950 ORTHOPEDI CS 0.000000 76.01 76.01 0.132050 76.02 03140 CARDI OVASCULAR SERVI CES 76.02 03957 CARDIAC REHABILITATION 76. 03 0. 372334 76.03 76 04 03190 RADIATION ONCOLOGY 6 192404 76 04 76.05 03951 MRI 0.084398 76.05 03952 BARIATRIC CENTER 0.000000 76.06 76.07 03550 PSYCH ACTIVITY THERAPY 0.000000 76.07 03953 WOUND CARE 76 08 0.548514 76 08 76.09 03954 RENAL DIALYSIS 0.689955 76.09 76. 10 03955 I NFUSI ON 0. 276374 76. 10 03956 CARE TRANSITION CENTER 0. 378335 76. 11 76. 11 03958 ANTI COAGULATION CLINIC 1. 215049 76.12 76.12 OUTPATIENT SERVICE COST CENTERS 08800 RURAL HEALTH CLINIC 88.00 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 90 00 09000 CLINIC 0.000000 90 00 90.01 09001 OCC HEALTH CLINIC 1.546487 90.01 90 02 09002 CARDIOLOGY CLINIC 0.000000 90.02 09003 SPECIALTY CLINIC 90.03 90.03 0.000000 91.00 09100 EMERGENCY 0.209207 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.911555 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 09900 CMHC 99.00 99. 10 09910 CORF 99. 10 101.00 10100 HOME HEALTH AGENCY 101.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

200.00

201.00

202.00

Provider CCN: 15-0004 Peri od: Worksheet C From 01/01/2020 Part I To 12/31/2020 Date/Ti me Prepared:

			'	0 12/31/2020	7/29/2021 12:	
		Ti tl	e XIX	Hospi tal	Cost	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.					
	26)					
	1. 00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1				
30. 00   03000   ADULTS & PEDI ATRI CS	38, 496, 171	1	38, 496, 171		38, 501, 332	30.00
31.00 03100 INTENSIVE CARE UNIT	7, 175, 821	1	7, 175, 821		7, 192, 912	31.00
35. 00 02040 NEWBORN INTENSIVE CARE UNIT	2, 593, 153	1	2, 593, 153		2, 593, 153	35. 00
40. 00   04000   SUBPROVI DER - I PF	7, 867, 094	l t	7, 867, 094		7, 867, 094	40. 00
43. 00   04300   NURSERY	2, 117, 868	l .	2, 117, 868		2, 117, 868	43.00
44.00 04400 SKILLED NURSING FACILITY	0	l .	C	0	0	44. 00
45. 00 04500 NURSING FACILITY	0	)		0	0	45. 00
ANCI LLARY SERVI CE COST CENTERS		T	1			
50. 00   05000   OPERATI NG ROOM	4, 418, 461	l .	4, 418, 461	4, 097	4, 422, 558	50.00
50. 01 05001 OPEN HEART SURGERY	0	l	0	0	0	50. 01
50. 02 05002 OUTPATIENT SURGERY	3, 418, 242		3, 418, 242		3, 418, 242	50. 02
51. 00   05100   RECOVERY ROOM	747, 895		747, 895		747, 895	51.00
53. 00 05300 ANESTHESI OLOGY	4, 625, 727	1	4, 625, 727		4, 625, 727	53. 00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	3, 516, 451	1	3, 516, 451		3, 516, 451	54.00
54. 01   05401   RADI OLOGY   SPECI AL   PROCEDURES	1, 594, 290		1, 594, 290		1, 594, 290	54. 01
54. 02   05402   ULTRASOUND	990, 217	]	990, 217	0	990, 217	54. 02
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	)		0	0	55. 00
55. 01   05501 COMPUTED TOMOGRAPHY	1, 789, 922		1, 789, 922	0	1, 789, 922	55. 01
57. 00   05700   CT   SCAN	0	)		0	0	57. 00
58. 00   05800   MRI	0	)		0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0 504 577	)	0 504 577	0	0	59.00
60. 00   06000   LABORATORY	8, 584, 577	l .	8, 584, 577	1, 618	8, 586, 195	60.00
60. 01 06001 BLOOD LABORATORY	0	l .		0	0	60. 01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	44, 830	)	44, 830	0	44, 830	63.00
63. 01 06301 NUCLEAR MEDICINE	686, 031		686, 031	0	686, 031	63. 01
65. 00 06500 RESPI RATORY THERAPY	4, 248, 038	1				65. 00
66. 00   06600   PHYSI CAL THERAPY	4, 730, 602	1	4, 730, 602		4, 737, 812	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 214, 952	1	1, 214, 952		1, 214, 952	67. 00
68. 00 06800 SPEECH PATHOLOGY	788, 810	l t	788, 810		788, 810	68. 00
69. 00 06900 ELECTROCARDI OLOGY	1, 123, 428	l t	1, 123, 428		1, 123, 428	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	180, 317	l t	180, 317		180, 993	70.00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	9, 354, 521	1	9, 354, 521		9, 354, 521	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	4, 247, 291		4, 247, 291		4, 247, 291	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	37, 249, 207	]	37, 249, 207	0	37, 249, 207	73. 00
76. 00   03020   PAIN CLINIC	54.504	)	54.504	0	0	76.00
76. 01   03950   ORTHOPEDI CS	54, 504		54, 504		54, 504	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES	1, 960, 913	1	1, 960, 913		1, 968, 305	76. 02
76. 03   03957   CARDI AC   REHABI LI TATI ON	751, 881	1	751, 881		751, 881	76. 03 76. 04
76. 04   03190   RADI ATI ON ONCOLOGY 76. 05   03951   MRI	1, 076, 085 554, 243		1, 076, 085		1, 076, 085 554, 243	76.04
76. 05   03951   MRI 76. 06   03952   BARI ATRI C CENTER	334, 243		554, 243		0 0	76.05
76. 07 03550 PSYCH ACTIVITY THERAPY	3, 590, 333	()	3, 590, 333		3, 590, 333	•
76. 08   03953   WOUND CARE	845, 920	l .	845, 920		846, 811	
76. 09   03954   RENAL DI ALYSI S	1, 775, 912	1	1, 775, 912		1, 775, 912	
76. 10   03955   NEUSLON	4, 817, 742		4, 817, 742		4, 823, 501	76. 10
76. 11 03956 CARE TRANSITION CENTER	8, 082		8, 082		8, 082	76. 10
76. 12 03958 ANTI COAGULATION CLINIC	670, 802		670, 802		683, 713	76. 12
OUTPATIENT SERVICE COST CENTERS	070,002	•	070,002	12, 711	003, 713	70.12
88. 00 08800 RURAL HEALTH CLINIC	0	1		ا	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		l .			0	89. 00
90. 00   09000   CLINIC					0	90.00
90. 01 09001 0CC HEALTH CLINIC	391, 988		391, 988		391, 988	90. 01
90. 02 09002 CARDI OLOGY CLI NI C	071,700		071,700		071,788	90. 02
90. 03   09003   SPECI ALTY   CLI NI C	61, 061	1	61, 061		61, 061	90. 03
91. 00 09100 EMERGENCY	16, 283, 129	1	16, 283, 129		16, 286, 868	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	10, 139, 241	ł	10, 139, 241		10, 139, 241	92.00
OTHER REIMBURSABLE COST CENTERS	10/10//211	1	10/10//211	I	10/10//211	72.00
99. 00 09900 CMHC	0	)			0	99. 00
99. 10 09910 CORF	0		ĺ		0	99. 10
101.00 10100 HOME HEALTH AGENCY	12, 382, 382		12, 382, 382		12, 382, 382	1
SPECIAL PURPOSE COST CENTERS			,,,		, 552, 562	1
113. 00 11300   INTEREST EXPENSE						113. 00
200.00 Subtotal (see instructions)	207, 168, 134	. 0	207, 168, 134	68, 283	207, 236, 417	
201.00 Less Observation Beds	10, 139, 241		10, 139, 241		10, 139, 241	
202.00 Total (see instructions)	197, 028, 893					
		•			•	

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2020 | Part | | To 12/31/2020 | Date/Time Prepared: | 7/29/2021 12:48 pm Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0004

			Ti +1	e XIX	Hospi tal	7/29/2021 12: Cost	46 piii
			Charges	e vi v	поѕрі таі	COST	
	Cost Center Description	Inpati ent	Outpati ent	Total (col 6	Cost or Other	TEFRA	
	cost center bescription	Tripati ent	outpatrent	+ col . 7)	Ratio	Inpati ent	
				+ (01. 7)	Ratio	Ratio	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
30. 00	03000 ADULTS & PEDIATRICS	40, 998, 688		40, 998, 688			30.00
31.00	03100 INTENSIVE CARE UNIT	12, 592, 559		12, 592, 559			31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	2, 281, 313		2, 281, 31			35.00
40.00	04000 SUBPROVI DER – I PF						40.00
		17, 964, 105		17, 964, 10!			
43. 00 44. 00	04300 NURSERY	2, 264, 207		2, 264, 20			43. 00 44. 00
	04400 SKI LLED NURSI NG FACI LI TY	0		•			
45. 00	04500 NURSING FACILITY	0			0		45. 00
EO 00	ANCILLARY SERVICE COST CENTERS    O5000   OPERATING ROOM	0.040.070	17 500 0/0	24 422 74	0 1/701/	0.000000	FO 00
50.00		8, 840, 878	17, 582, 869				
50. 01	05001 OPEN HEART SURGERY	1 772 050	2 022 202			0.000000	
50. 02	05002 OUTPATI ENT SURGERY	1, 772, 850	2, 023, 302			l e	
51.00	05100 RECOVERY ROOM	1, 059, 491	2, 682, 775			0.000000	
53. 00	05300 ANESTHESI OLOGY	3, 776, 793	6, 241, 074				
54.00	05400 RADI OLOGY - DI AGNOSTI C	3, 386, 383	6, 816, 073			0.000000	
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	4, 690, 000	5, 571, 051			0.000000	
54. 02	05402 ULTRASOUND	3, 432, 433	5, 431, 855	1			
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	00 000 000		0.000000	0.000000	
55. 01	05501 COMPUTED TOMOGRAPHY	11, 477, 409	23, 030, 200	34, 507, 609		0.000000	
57. 00	05700 CT SCAN	0	0		0.000000	0.000000	
58. 00	05800 MRI	0	0		0.000000	l	
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		0.000000	0.000000	
60.00	06000 LABORATORY	31, 170, 954	26, 008, 359			0.000000	
60. 01	06001 BLOOD LABORATORY	0	0		0.000000	0.000000	
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	954, 952	377, 094				
63. 01	06301 NUCLEAR MEDICINE	983, 925	1, 874, 303			0. 000000	
65. 00	06500 RESPI RATORY THERAPY	10, 802, 621	779, 771			0. 000000	
66. 00	06600 PHYSI CAL THERAPY	4, 489, 615	1, 744, 978			0. 000000	
67. 00	06700 OCCUPATI ONAL THERAPY	3, 970, 058	704, 777			0. 000000	
68. 00	06800 SPEECH PATHOLOGY	2, 152, 300	440, 513			l e	1
69. 00	06900 ELECTROCARDI OLOGY	6, 240, 119	6, 030, 869			0. 000000	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	325, 879	325, 879	0. 553325	0. 000000	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13, 106, 340	9, 641, 835	22, 748, 17!	0. 411221	0. 000000	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	2, 711, 929	2, 222, 961	4, 934, 890	0. 860666	0. 000000	
73.00	07300 DRUGS CHARGED TO PATIENTS	27, 927, 682	235, 287, 278	263, 214, 960	0. 141516	0.000000	73. 00
76.00	03020  PAIN CLINIC	0	0	(	0. 000000	0.000000	76. 00
76. 01	03950 ORTHOPEDI CS	0	0	(	0. 000000	0.000000	76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	10, 395, 391	4, 510, 396	14, 905, 78	0. 131554	0.000000	76. 02
76. 03	03957 CARDI AC REHABI LI TATI ON	422, 873	1, 596, 500	2, 019, 37	0. 372334	0.000000	76. 03
76. 04	03190 RADI ATI ON ONCOLOGY	0	173, 775	173, 77!	6. 192404	0.000000	76. 04
76. 05	03951  MRI	2, 693, 460	3, 873, 540	6, 567, 000	0. 084398	0.000000	76. 05
76.06	03952 BARI ATRI C CENTER	0	0	(	0. 000000	0.000000	76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	0	0		0. 000000	0.000000	76. 07
76. 08	03953 WOUND CARE	0	1, 543, 828	1, 543, 828	0. 547937	0.000000	76. 08
76. 09	03954 RENAL DIALYSIS	2, 331, 072	242, 880	2, 573, 952	0. 689955		
76. 10	03955 I NFUSI ON	11, 462	17, 441, 350	17, 452, 812	0. 276044	0. 000000	76. 10
76. 11	03956 CARE TRANSITION CENTER	21, 362	0	21, 362	0. 378335	0.000000	76. 11
76. 12	03958 ANTI COAGULATION CLINIC	434	562, 270	562, 704	1. 192105	0.000000	76. 12
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0	0	(	0. 000000	0.000000	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	o	0	(	0.000000	0.000000	89. 00
90.00	09000 CLI NI C	o	0		0.000000	0.000000	90.00
90. 01	09001 OCC HEALTH CLINIC	o	253, 470	253, 470	1. 546487	0.000000	90. 01
90. 02	09002 CARDI OLOGY CLI NI C	o	0		0.000000	0.000000	90. 02
90. 03	09003 SPECIALTY CLINIC	o	0		0. 000000	0.000000	90. 03
91.00	09100 EMERGENCY	21, 068, 423	56, 781, 932	77, 850, 35!		l e	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	l ol	11, 123, 018				
	OTHER REIMBURSABLE COST CENTERS						1
99. 00	09900 CMHC	0	0	(			99. 00
99. 10	09910 CORF	O	0				99. 10
101.00	10100 HOME HEALTH AGENCY	o	21, 657, 520	21, 657, 520			101. 00
	SPECIAL PURPOSE COST CENTERS	-1					1
113. 00	11300 I NTEREST EXPENSE						113. 00
200.00		255, 992, 081	474, 578, 295	730, 570, 376	5		200. 00
201.00			, , _ / 0				201. 00
202.00		255, 992, 081	474, 578, 295	730, 570, 376	5		202. 00
		. '		•		•	

-			Title XIX	Hospi tal	Cost
	Cost Center Description	PPS Inpatient		<u> </u>	
		Ratio			
		11. 00			
	INPATIENT ROUTINE SERVICE COST CENTERS	1			
30.00	03000 ADULTS & PEDI ATRI CS				30.00
31. 00 35. 00	03100   INTENSIVE CARE UNIT   02040   NEWBORN   INTENSIVE CARE UNIT				31.00
40. 00	04000 SUBPROVI DER – I PF				35. 00 40. 00
43. 00	04300 NURSERY				43. 00
44. 00	04400 SKILLED NURSING FACILITY				44. 00
45. 00	04500 NURSING FACILITY				45. 00
	ANCILLARY SERVICE COST CENTERS	<u>'</u>			
50.00	05000 OPERATI NG ROOM	0. 167371			50.00
50. 01	05001 OPEN HEART SURGERY	0. 000000			50. 01
50. 02	05002 OUTPATI ENT SURGERY	0. 900449			50. 02
51.00	05100 RECOVERY ROOM	0. 199851			51. 00
53.00	05300 ANESTHESI OLOGY	0. 461748			53.00
54. 00 54. 01	05400  RADI OLOGY-DI AGNOSTI C   05401  RADI OLOGY SPECI AL PROCEDURES	0. 344667 0. 155373			54. 00 54. 01
54. 01	05402 ULTRASOUND	0. 133373			54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	0. 051870			55. 01
57.00	05700 CT SCAN	0. 000000			57. 00
58.00	05800  MRI	0. 000000			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000000			59. 00
60. 00	06000 LABORATORY	0. 150163			60. 00
60. 01	06001 BLOOD LABORATORY	0. 000000			60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 033655			63.00
63. 01 65. 00	O6301   NUCLEAR   MEDICINE   O6500   RESPIRATORY   THERAPY	0. 240020 0. 366917			63. 01 65. 00
66. 00	06600 PHYSI CAL THERAPY	0. 366917			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 259892			67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 304229			68. 00
69.00	06900 ELECTROCARDI OLOGY	0. 091552			69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 555399			70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 411221			71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 860666			72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 141516			73. 00
76. 00	03020 PAIN CLINIC	0.000000			76.00
76. 01 76. 02	03950  ORTHOPEDI CS   03140  CARDI OVASCULAR SERVI CES	0. 000000 0. 132050			76. 01 76. 02
76. 02	03957 CARDI AC REHABI LI TATI ON	0. 132030			76. 02
76. 03	03190 RADI ATI ON ONCOLOGY	6. 192404			76. 04
76. 05	03951 MRI	0. 084398			76. 05
76.06	03952 BARI ATRI C CENTER	0. 000000			76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	0. 000000			76. 07
76. 08	03953 WOUND CARE	0. 548514			76. 08
76. 09	03954 RENAL DI ALYSI S	0. 689955			76. 09
76. 10	03955 I NFUSI ON	0. 276374			76. 10
	03956 CARE TRANSITION CENTER 03958 ANTICOAGULATION CLINIC	0. 378335			76. 11
70. 12	OUTPATIENT SERVICE COST CENTERS	1. 215049			76. 12
88. 00	08800 RURAL HEALTH CLINIC	0. 000000			88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000			89. 00
90.00	09000 CLI NI C	0. 000000			90.00
90. 01	09001 OCC HEALTH CLINIC	1. 546487			90. 01
90. 02	09002 CARDI OLOGY CLI NI C	0. 000000			90. 02
90. 03	09003 SPECIALTY CLINIC	0. 000000			90. 03
91.00	09100 EMERGENCY	0. 209207			91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 911555			92. 00
99. 00	OTHER REIMBURSABLE COST CENTERS  09900  CMHC				99. 00
	09910 CORF				99. 00
	10100 HOME HEALTH AGENCY				101.00
	SPECIAL PURPOSE COST CENTERS				101.00
113.00	11300   INTEREST EXPENSE				113. 00
200.00	,				200. 00
201.00					201. 00
202.00	Total (see instructions)	1			202. 00

Health Financial Systems	FRANCISCAN HEA	ALTH HAMMOND		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL		Provi der C	CN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I	pared:
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal Rel ated Cost	Swing Bed Adjustment	Reduced Capi tal	Days	Per Diem (col. 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	1	T _				
30. 00 ADULTS & PEDI ATRI CS	3, 570, 087		0,0,0,0		134. 33	
31. 00   INTENSIVE CARE UNIT	787, 232		787, 23		232. 15	31. 00
35. 00 NEWBORN INTENSIVE CARE UNIT	83, 209		83, 20			
40. 00 SUBPROVI DER - I PF	48, 895	0	48, 89			
43. 00 NURSERY	15, 167		15, 16	57 853	•	
44.00 SKILLED NURSING FACILITY	0			0	0.00	
45. 00 NURSING FACILITY	0			0 0	0.00	
200. 00 Total (lines 30 through 199)	4, 504, 590		4, 504, 59	90 39, 165		200. 00
Cost Center Description	Inpatient	Inpatient				
	Program days	Program				
		Capital Cost				
		(col. 5 x col. 6)				
	6. 00	7.00	+			
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00				
30. 00 ADULTS & PEDIATRICS	6, 781	910, 892	,			30.00
31. 00 INTENSIVE CARE UNIT	990					31.00
35. OO NEWBORN INTENSIVE CARE UNIT	0	227, 027	1			35.00
40. 00 SUBPROVI DER - I PF	660	4, 105	1			40.00
43. 00 NURSERY	0	1,				43. 00
44.00 SKILLED NURSING FACILITY	0	Ĭ				44. 00
45. 00 NURSING FACILITY	0	1				45. 00
200.00 Total (lines 30 through 199)	8, 431	1, 144, 826				200.00
	1	, , , , , , , , , , , , ,	1			

Health Financial Systems	FRANCI SCAN HE	ALTH HAMMOND		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	TAL COSTS	Provi der C	CN: 15-0004	Peri od:	Worksheet D	
				From 01/01/2020	Part II	
				To 12/31/2020	Date/Time Pre 7/29/2021 12:	pared:
		Ti +1 4	e XVIII	Hospi tal	PPS	40 piii
Cost Center Description	Capi tal	Total Charges			Capital Costs	
oost ochter beschiptron	Related Cost			Program	(column 3 x	
	(from Wkst. B,		(col . 1 ÷ col		column 4)	
	Part II, col.	8)	2)	. onar goo	001 4	
	26)					
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS			'			
50. 00   05000   OPERATING ROOM	922, 743	26, 423, 747	0. 03492	1 3, 118, 268	108, 893	50.00
50. 01 05001 OPEN HEART SURGERY	C	) (	0.00000	0	0	50. 01
50. 02 05002 OUTPATIENT SURGERY	772, 561	3, 796, 152	0. 20351	2 717, 760	146, 073	50. 02
51.00 05100 RECOVERY ROOM	79, 017	3, 742, 266	0. 02111	5 379, 505	8, 013	51.00
53. 00   05300   ANESTHESI OLOGY	100, 222	10, 017, 867	0. 01000	4 1, 076, 243	10, 767	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	843, 443	10, 202, 456	0. 08267	1, 570, 575	129, 841	54.00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	239, 106	10, 261, 051	0. 02330	2 1, 367, 201	31, 859	54. 01
54. 02   05402   ULTRASOUND	62, 394	8, 864, 288	0. 00703	9 1, 144, 271	8, 055	54. 02
55. 00 05500 RADI OLOGY-THERAPEUTI C	C	1	0. 00000		0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY	591, 442	34, 507, 609	0. 01713	9 4, 145, 856	71, 056	55. 01
57. 00 05700 CT SCAN		1	0. 00000		0	
58. 00   05800 MRI			0. 00000		0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON			0. 00000		0	59.00
60. 00 06000 LABORATORY	316, 270	57, 179, 313	•		58, 501	1
60. 01   06001   BLOOD   LABORATORY	, c		0. 00000		0	1
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	679	1, 332, 046				
63. 01   06301 NUCLEAR MEDICINE	131, 189				18, 711	1
65. 00 06500 RESPI RATORY THERAPY	298, 302		1		77, 143	
66. 00 06600 PHYSI CAL THERAPY	293, 171					
67. 00 06700 OCCUPATI ONAL THERAPY	34, 339		1		5, 580	1
68. 00 06800 SPEECH PATHOLOGY	90, 753		1		15, 053	
69. 00 06900 ELECTROCARDI OLOGY	236, 104		1		47, 364	1
70. 00 07000 ELECTROENCEPHALOGRAPHY	34, 925		1		0	1
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	273, 898	1			40, 348	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	99, 392					1
73. 00 07300 DRUGS CHARGED TO PATIENTS	445, 679		1			1
76. 00   03020   PAI N   CLI NI C	1.10,077	1	1		0	1
76. 01 03950 ORTHOPEDI CS	16, 793	d	0.00000		Ō	
76. 02 03140 CARDI OVASCULAR SERVI CES	437, 960	1	1			
76. 03 03957 CARDI AC REHABI LI TATI ON	90, 121				5, 482	1
76. 04 03190 RADI ATI ON ONCOLOGY	330, 625				0	•
76. 05   03951   MRI	89, 128					
76. 06   03952   BARI ATRI C   CENTER	07,120	0,00,,000	0. 00000		0	1
76. 07 03550 PSYCH ACTIVITY THERAPY	17, 408		0. 00000		ő	1
76. 08   03953   WOUND CARE	127, 276				ő	•
76. 09   03954   RENAL DI ALYSI S	234, 820					
76. 10 03955 I NFUSI ON	104, 807				0	
76. 11 03956 CARE TRANSITION CENTER	54		•		0	
76. 12 03958 ANTI COAGULATI ON CLINIC	4, 442	1	•		0	
OUTPATIENT SERVICE COST CENTERS	4, 442	. 302, 704	0.00707	4  0	0	70. 12
88. 00 08800 RURAL HEALTH CLINIC	C	1	0.00000	0	0	88. 00
89. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER			0.00000		0	
90. 00   09000   CLINI C			0.00000		0	1
90. 01   09001 OCC HEALTH CLINIC	2, 672	253, 470			0	
90. 01   09001   000 HEALTH CLINIC 90. 02   09002   CARDI OLOGY   CLINIC	2,672	i e	0.00000		0	
90. 02   09002   CARDI OLOGY   CLINI C 90. 03   09003   SPECI ALTY   CLINI C	347	1	0.00000		0	1
91. 00   09100   EMERGENCY	667, 402	ł .			45, 582	
92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART	940, 171		1		45, 562	
200.00 Total (lines 50 through 199)	8, 929, 655			58, 037, 504		
200.00   10tal (11163 30 till ough 177)	1 0, 727, 000	1 002,011,904	1	30,037,304	1,077,093	1200.00

Health Financial Systems APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	FRANCISCAN HEA ASS THROUGH COS			In Lie Period: From 01/01/2020 To 12/31/2020		pared:
		Ti tl e	xVIII	Hospi tal	PPS	
Cost Center Description	Post-Stepdown Adjustments	J	Post-Stepdowi Adjustments		All Other Medical Education Cost	
LABORT FAIT DOUTLAG OFFICE OF COOK OFFITTED	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1	1			
30. 00 03000 ADULTS & PEDI ATRI CS	0			0	0	
31. 00 03100 I NTENSI VE CARE UNI T	0			0	0	
35. 00   02040   NEWBORN   INTENSIVE CARE UNIT 40. 00   04000   SUBPROVI DER -   PF	0			0	0	
43. 00   04300   NURSERY	0			0	0	
44. 00   04400   SKI LLED NURSI NG FACI LI TY	0			0	U	44. 00
45. 00   04500 NURSING FACILITY				0		45. 00
200.00 Total (lines 30 through 199)	0			0 0	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patien	t Per Diem (col.	Inpati ent	200.00
	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,		· ·		
	instructions)					
	4. 00	5. 00	6.00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	C	26, 57			
31. 00 03100 INTENSIVE CARE UNIT		C	3, 39			
35. 00 02040 NEWBORN INTENSIVE CARE UNIT	_	C	48			
40. 00   04000   SUBPROVI DER -   I PF	0		7, 85			
43. 00 04300 NURSERY			85			
44.00   04400   SKILLED NURSING FACILITY 45.00   04500   NURSING FACILITY				0. 00 0. 00		1
200.00 Total (lines 30 through 199)			39, 16			200.00
Cost Center Description	Inpati ent		39, 10	3	0, 431	200.00
cost center bescription	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)					
	9. 00					
INDATIENT DOUTINE SERVICE COST CENTERS						

30. 00 31. 00 35. 00 40. 00 43. 00 44. 00 45. 00 200. 00

30. 00 03000 ADULTS & PEDIATRICS
31. 00 03100 INTENSIVE CARE UNIT
35. 00 02040 NEWBORN INTENSIVE CARE UNIT
40. 00 04000 SUBPROVIDER - IPF
43. 00 04300 NURSERY
44. 00 04400 SKILLED NURSING FACILITY
45. 00 04500 NURSING FACILITY
Total (lines 30 through 199)

| Period: | Worksheet D | From 01/01/2020 | Part IV | To 12/31/2020 | Date/Time Prepared: | 7/29/2021 | 12:48 pm THROUGH COSTS

						7/29/2021 12:	48 pm_
			Titl∈	XVIII	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing Schoo	Allied Health	Allied Health	
	·	Anesthetist	Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS			•	<u> </u>		
50.00	05000 OPERATI NG ROOM	0	C		0 0	0	50.00
50. 01	05001 OPEN HEART SURGERY	0	1		0 0	0	50. 01
50. 02	05002 OUTPATIENT SURGERY	0			0 0	0	50. 02
51. 00	05100 RECOVERY ROOM	0	١			0	51.00
53. 00	05300 ANESTHESI OLOGY	0				0	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C					99, 430	
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES					2, 093	1
54. 01	05402 ULTRASOUND					1, 047	54. 02
55. 00	1	0			0 0		55.00
55. 00 55. 01	O5500   RADI OLOGY-THERAPEUTI C   O5501   COMPUTED   TOMOGRAPHY	0			0	0	
		0	0		0	2, 093	•
57. 00	05700 CT SCAN	0	U		0	0	57. 00
58. 00	05800 MRI	0	0		0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59. 00
60. 00	06000 LABORATORY	0	0		0	202, 748	1
60. 01	06001 BLOOD LABORATORY	0	0		0	0	60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	39, 561	63. 00
63. 01	06301 NUCLEAR MEDICINE	0	0		0	4, 945	1
65. 00	06500 RESPI RATORY THERAPY	0	0	)	0	100, 973	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0		0	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0		0	0	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0	0		0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	)	0	0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	l o	1	0	0	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0		)	0 0	751, 785	73. 00
76.00	03020 PAIN CLINIC	0	0		0 0	0	76.00
76. 01	03950 ORTHOPEDI CS	0	0		0	0	76. 01
	03140 CARDI OVASCULAR SERVI CES	0	0		0	l o	76. 02
76. 03	03957 CARDI AC REHABI LI TATI ON	0	ĺ		0	l o	76. 03
	03190 RADIATION ONCOLOGY	0	0	1	0	0	76. 04
	03951 MRI	0	l o			0	76. 05
76. 06	03952 BARI ATRI C CENTER		ĺ			0	76.06
	03550 PSYCH ACTIVITY THERAPY	0	٥			0	76.07
	03953 WOUND CARE					0	76. 08
76. 09	03954 RENAL DIALYSIS	0			0	0	76.08
76. 0 <del>9</del>	03955   NFUSI ON	0			0	0	76. 10
	1	0			0 0	0	1
	03956 CARE TRANSITION CENTER	0	0	1	ٽ -	0	76. 11
76. 12	03958 ANTI COAGULATI ON CLINI C	0	0		0 0	0	76. 12
	OUTPATIENT SERVICE COST CENTERS	1		ı	al .	1	
	08800 RURAL HEALTH CLINIC	0	l e	1	0	1	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		1	0	1	89. 00
90. 00	09000 CLI NI C	0	0	1	0	0	90.00
90. 01	09001 OCC HEALTH CLINIC	0	0	1	0 0	0	90. 01
90. 02	09002 CARDI OLOGY CLI NI C	0	0		0 0	0	90. 02
90. 03	09003 SPECIALTY CLINIC	0	0	1	0 0	0	90. 03
91. 00	09100 EMERGENCY	0	0		0	396, 094	91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92. 00
200.00	Total (lines 50 through 199)	0	0	)	0	1, 600, 769	200. 00
		•	•	•	•		

| Peri od: | Worksheet D | From 01/01/2020 | Part IV | To 12/31/2020 | Date/Time Prepared: Provider CCN: 15-0004 THROUGH COSTS

					o 12/31/2020	7/29/2021 12:	
			Ti tl	e XVIII	Hospi tal	PPS	.с р
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	· · · · · · · · · · · · · · · · · · ·	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
			,	and 4)	Í	(see	
				<b>1</b>		instructions)	
		4. 00	5. 00	6.00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	(	o	26, 423, 747	0.000000	50.00
50. 01	05001 OPEN HEART SURGERY	0	(	o	0	0.000000	50. 01
50. 02	05002 OUTPATI ENT SURGERY	0	(	o	3, 796, 152	0.000000	50. 02
51.00	05100 RECOVERY ROOM	0	(	o	3, 742, 266	0.000000	51.00
53.00	05300 ANESTHESI OLOGY	0	(	o	10, 017, 867	0.000000	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	99, 430	99, 430	10, 202, 456	0. 009746	54.00
54.01	05401 RADI OLOGY SPECIAL PROCEDURES	0	2, 093	2, 093	10, 261, 051	0. 000204	54. 01
54.02	05402 ULTRASOUND	0	1, 04	7 1, 047	8, 864, 288	0. 000118	54. 02
55.00	05500 RADI OLOGY-THERAPEUTI C	0	(		0	0.000000	55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	0	2, 093	2, 093	34, 507, 609	0. 000061	55. 01
57.00	05700 CT SCAN	0	(	o  c	0	0.000000	57.00
58.00	05800 MRI	0	(	o  c	0	0.000000	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	(	o  c	0	0.000000	59. 00
60.00	06000 LABORATORY	0	202, 748	3 202, 748	57, 179, 313	0. 003546	60.00
60. 01	06001 BLOOD LABORATORY	0	(	o  c	0	0.000000	60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	39, 56°	1 39, 561	1, 332, 046	0. 029699	63.00
63. 01	06301 NUCLEAR MEDICINE	0	4, 94!	5 4, 945	2, 858, 228	0. 001730	63. 01
65.00	06500 RESPI RATORY THERAPY	0	100, 973	3 100, 973	11, 582, 392	0. 008718	65. 00
66.00	06600 PHYSI CAL THERAPY	0	(		6, 234, 593	0.000000	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	(	o c	4, 674, 835	0.000000	67. 00
68.00	06800 SPEECH PATHOLOGY	0	(		2, 592, 813	0.000000	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	(	0	12, 270, 988	0.000000	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	(		325, 879	0.000000	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	(	o	22, 748, 175	0.000000	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	(	o	4, 934, 890	0.000000	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	751, 789	5 751, 785	263, 214, 960	0. 002856	73. 00
76. 00	03020 PAIN CLINIC	0	(	O  C	0	0. 000000	76. 00
76. 01	03950 ORTHOPEDI CS	0	(	O  C		0. 000000	76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	0		O C		0. 000000	76. 02
76. 03	03957 CARDI AC REHABI LI TATI ON	0		) C	2,0.7,0.0	0. 000000	76. 03
76. 04	03190 RADI ATI ON ONCOLOGY	0		O C		0. 000000	76. 04
76. 05	03951  MRI	0		O C	6, 567, 000	0. 000000	76. 05
76. 06	03952 BARI ATRI C CENTER	0		0		0. 000000	76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	0		0		0. 000000	76. 07
76. 08	03953 WOUND CARE	0		0		0. 000000	76. 08
76. 09	03954 RENAL DI ALYSI S	0		0		0. 000000	76. 09
76. 10	03955 I NFUSI ON	0		0		0. 000000	76. 10
76. 11	03956 CARE TRANSITION CENTER	0		O C	,	0. 000000	76. 11
76. 12	03958 ANTI COAGULATI ON CLINIC	0	(	0 0	562, 704	0.000000	76. 12
	OUTPATIENT SERVICE COST CENTERS						
88. 00	08800 RURAL HEALTH CLINIC	0				0.000000	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0			.1	0.000000	89. 00
90.00	09000 CLINIC	0			1	0.000000	90.00
90. 01	09001 OCC HEALTH CLINIC	0				0.000000	90. 01
90. 02	09002 CARDI OLOGY CLI NI C	0	(		]	0.000000	90. 02
90. 03	09003 SPECIALTY CLINIC	0	00/ 00	0		0.000000	90. 03
91.00	09100 EMERGENCY	0	396, 094	396, 094		0.005088	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1 400 74	J 1 400 740	11, 123, 018		
200.00	Total (lines 50 through 199)	0	1, 600, 769	9 1, 600, 769	632, 811, 984	l l	200. 00

Provider CCN: 15-0004 Peri od: Worksheet D From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared: THROUGH COSTS

			Ic	12/31/2020	7/29/2021 12:	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	I npati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col. 8		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
ANGLILADY CEDVICE COCT CENTERS	9. 00	10. 00	11. 00	12. 00	13. 00	
ANCILLARY SERVICE COST CENTERS  50. 00 05000 OPERATING ROOM	0. 000000	3, 118, 268	O	3, 705, 307	0	50.00
50. 00   05000 OPERATTING ROOM 50. 01   05001 OPEN HEART SURGERY	0.000000	3, 110, 200 N		3, 703, 307 A	0	50. 00
50. 01   05001   OPEN HEART SURGERY	0.000000	717, 760	0	122, 682	0	50.01
51. 00   05100   RECOVERY   ROOM	0.000000	379, 505	0	552, 381	0	50.02
53. 00   05300   ANESTHESI OLOGY	0. 000000	1, 076, 243		962, 423	0	53.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0.00000	1, 570, 575	15, 307	1, 318, 705	12, 852	54. 00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0. 000204	1, 367, 201	279	2, 268, 667	463	54. 01
54. 02   05402   ULTRASOUND	0. 000204	1, 144, 271	135	649, 285	77	54. 02
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	1, 144, 271	0	0+7, <u>2</u> 05	,,	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY	0. 000061	4, 145, 856	- 1	3, 649, 891	223	55. 01
57. 00   05700 CT SCAN	0. 000000	4, 143, 030	233	3, 047, 071 N	0	57. 00
58. 00   05800 MRI	0. 000000	0	0	0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0	0	0	0	59.00
60. 00   06000 LABORATORY	0. 003546	10, 576, 894	-	616, 141	2, 185	60.00
60. 01 06001 BLOOD LABORATORY	0. 000000	10, 370, 074	37,300	010, 141	2, 103	60. 01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 029699	466, 860	13, 865	141, 794	4, 211	63. 00
63. 01 06301 NUCLEAR MEDICINE	0. 001730	407, 657		552, 946	957	63. 01
65. 00 06500 RESPIRATORY THERAPY	0. 008718	2, 995, 247	26, 113	94, 876	827	65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000	904, 053	20, 110	28, 069	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	759, 687		6, 879	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	430, 074	l o	19, 987	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	2, 461, 607	0	1, 445, 967	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	2, 101, 007	0	325, 879	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	3, 351, 197	l o	1, 961, 145	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	1, 384, 760		714, 691	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002856	10, 881, 250		103, 138, 491	294, 564	73. 00
76. 00 03020 PAIN CLINIC	0. 000000	0	0	0	0	76. 00
76. 01 03950 ORTHOPEDI CS	0. 000000	0	0	0	0	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 000000	2, 492, 386	0	740, 678	0	76. 02
76. 03 03957 CARDI AC REHABI LI TATI ON	0. 000000	122, 835	0	310, 203	0	76. 03
76. 04 03190 RADIATION ONCOLOGY	0. 000000	0	0	173, 775	0	76. 04
76. 05   03951 MRI	0. 000000	938, 940	0	815, 877	0	76. 05
76.06 03952 BARIATRIC CENTER	0. 000000	0	0	0	0	76. 06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 000000	0	0	0	0	76. 07
76. 08   03953   WOUND CARE	0. 000000	0	0	1, 418, 611	0	76. 08
76. 09   03954   RENAL DI ALYSI S	0. 000000	1, 027, 488	0	0	0	76. 09
76. 10   03955   I NFUSI ON	0. 000000	0	0	2, 103, 794	0	76. 10
76.11 03956 CARE TRANSITION CENTER	0. 000000	0	-	0	0	76. 11
76. 12 03958 ANTI COAGULATI ON CLINI C	0. 000000	0	0	0	0	76. 12
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC	0. 000000	0		0	0	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0	- 1	0	0	89. 00
90. 00   09000   CLI NI C	0. 000000	0		0	0	90. 00
90. 01   09001   0CC   HEALTH   CLINIC	0. 000000	0	0	0	0	90. 01
90. 02   09002   CARDI OLOGY   CLINI C	0.000000	0	0	0	0	90. 02
90. 03   09003   SPECIALTY CLINIC	0.000000	0	0	0	0	90. 03
91. 00 09100 EMERGENCY	0. 005088	5, 316, 890		5, 756, 622	29, 290	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	EO 027 EO4	152 202	1, 147, 918	245 640	92.00
200.00   Total (lines 50 through 199)	1	58, 037, 504	152, 292	134, 743, 684	345, 649	<sub> </sub> 200.00

APPORT	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co	CN: 15-0004	Peri od:	Worksheet D Part V	
					From 01/01/2020 To 12/31/2020	Date/Time Pre 7/29/2021 12:	pared: 48 pm
			Title	xVIII	Hospi tal	PPS	10 рііі
	·			Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Servi ces (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins (see inst.)	Ded. & Coins. (see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0. 167216	3, 705, 307		0 0	619, 587	50.00
50. 01	05001 OPEN HEART SURGERY	0. 000000	0		0	0	50. 01
50. 02	05002 OUTPATI ENT SURGERY	0. 900449	122, 682		0 0		1
51. 00	05100 RECOVERY ROOM	0. 199851	552, 381		0 0		1
53. 00	05300 ANESTHESI OLOGY	0. 461748	962, 423		0 0		
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 344667	1, 318, 705	1	0 0		1
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	0. 155373	2, 268, 667	1	0 0	352, 490	1
54. 02 55. 00	05402 ULTRASOUND	0. 111709	649, 285		0 0		1
55. 00 55. 01	05500  RADI OLOGY-THERAPEUTI C   05501  COMPUTED TOMOGRAPHY	0. 000000 0. 051870	3, 649, 891		0 0	0 189, 320	
57. 00	05700 CT SCAN	0. 000000	3,049,691		0 0	109, 320	l
58. 00	05800 MRI	0. 000000	0		0 0		1
59. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0		59. 00
60.00	06000 LABORATORY	0. 150134	616, 141		0 0	92, 504	
60. 01	06001 BLOOD LABORATORY	0. 000000	0		0 0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 033655	141, 794		0 0	4, 772	
63. 01	06301 NUCLEAR MEDICINE	0. 240020	552, 946	1	0 0	132, 718	1
65.00	06500 RESPI RATORY THERAPY	0. 366767	94, 876		0 0		
66. 00	06600 PHYSI CAL THERAPY	0. 758767	28, 069		0 0	21, 298	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0. 259892	6, 879		0	1, 788	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 304229	19, 987	1	0	6, 081	
69. 00	06900 ELECTROCARDI OLOGY	0. 091552	1, 445, 967	1	0	132, 381	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	0. 553325	325, 879	1	0 0	180, 317	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 411221	1, 961, 145		0 0		1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 860666	714, 691		0 0	615, 110	
73.00	07300 DRUGS CHARGED TO PATIENTS	0. 141516	103, 138, 491		0 10, 724		1
76. 00 76. 01	03020  PAIN CLINIC   03950  ORTHOPEDICS	0. 000000 0. 000000	0		0 0	0	
76. 01	03140 CARDI OVASCULAR SERVI CES	0. 131554	740, 678		0 0	97, 439	1
76. 02	03957 CARDI AC REHABI LI TATI ON	0. 372334	310, 203		0 0		1
76. 04	03190 RADIATION ONCOLOGY	6. 192404	173, 775		0 0		
76. 05	03951 MRI	0. 084398	815, 877	1	0 0	68, 858	1
76.06	03952 BARI ATRI C CENTER	0. 000000	0		0 0		1
76.07	03550 PSYCH ACTIVITY THERAPY	0. 000000	0		0 0	0	76. 07
76. 08	03953 WOUND CARE	0. 547937	1, 418, 611		0 0	777, 309	76. 08
76. 09	03954 RENAL DIALYSIS	0. 689955	0		0	0	,
76. 10	03955 I NFUSI ON	0. 276044	2, 103, 794		0	580, 740	
	03956 CARE TRANSITION CENTER	0. 378335	0		0		
76. 12	03958 ANTICOAGULATION CLINIC	1. 192105	0		0 0	0	76. 12
00.00	OUTPATIENT SERVICE COST CENTERS					I	00.00
88. 00	08800 RURAL HEALTH CLINIC						88. 00
89. 00 90. 00	08900   FEDERALLY QUALIFIED HEALTH CENTER   09000   CLINIC	0. 000000	0		0 0	0	89. 00 90. 00
90. 00	09001 OCC HEALTH CLINIC	1. 546487	0		0 0	0	
90. 01	09002 CARDI OLOGY CLI NI C	0. 000000	0		0 0	0	1
90. 03	09003 SPECIALTY CLINIC	0. 000000	0		0 0	Ö	1
91. 00	09100 EMERGENCY	0. 209159	5, 756, 622		0 0	1, 204, 049	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 911555	1, 147, 918	1	0 0	1, 046, 390	
200.00			134, 743, 684		0 10, 724		
201.00					0 0		201. 00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	1	134, 743, 684	l	0 10, 724	23, 944, 048	202. 00

 
 Heal th Financial
 Systems
 FRANCISCAN HE

 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 FRANCISCAN HEALTH HAMMOND

| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2020 | Part V | To 12/31/2020 | Date/Time Prepared: | 7/29/2021 12:48 pm | PPS | Provider CCN: 15-0004 Title XVIII

			Title	: XVIII	Hospi tal	PPS	
	·	Cos	sts				
	Cost Center Description	Cost	Cost				
	cost center bescription	Rei mbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7. 00	]			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0				50.00
50. 01	05001 OPEN HEART SURGERY	0	1	•			50. 01
		0		1			1
50. 02	05002 OUTPATI ENT SURGERY	0	0	1			50. 02
51. 00	05100 RECOVERY ROOM	0	0				51. 00
53. 00	05300 ANESTHESI OLOGY	0	0				53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54. 01	05401 RADI OLOGY SPECIAL PROCEDURES	0	l o				54. 01
54. 02	05402 ULTRASOUND	0	0				54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C		ĺ	•			55. 00
				•			•
55. 01	05501 COMPUTED TOMOGRAPHY	0	0	•			55. 01
57. 00	05700 CT SCAN	0	0	1			57. 00
58. 00	05800  MRI	0	0				58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0				59. 00
60.00	06000 LABORATORY	0	0				60.00
60. 01	06001 BLOOD LABORATORY	0	l o				60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	1	Ö	1			63. 00
63. 01	06301 NUCLEAR MEDICINE		٥	1			63. 01
		0					1
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
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		Ö	•			71. 00
				1			ł
	07200 I MPL. DEV. CHARGED TO PATIENTS	0		•			72.00
	07300 DRUGS CHARGED TO PATIENTS	0	1, 518	1			73. 00
	03020 PAIN CLINIC	0	0	1			76. 00
76. 01	03950 ORTHOPEDI CS	0	0				76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	0	0				76. 02
76. 03	03957 CARDIAC REHABILITATION	0	0				76. 03
76. 04	03190 RADIATION ONCOLOGY	0	1 0				76. 04
76. 05	03951 MRI	0	l o				76. 05
	03952 BARI ATRI C CENTER		٥	1			76. 06
		0		•			1
76. 07	03550 PSYCH ACTIVITY THERAPY	0	0	•			76. 07
	03953 WOUND CARE	0	0	1			76. 08
76. 09	03954 RENAL DIALYSIS	0	0				76. 09
76. 10	03955 I NFUSI ON	0	0				76. 10
76. 11	03956 CARE TRANSITION CENTER	0	0				76. 11
	03958 ANTICOAGULATION CLINIC	0	l o				76. 12
	OUTPATIENT SERVICE COST CENTERS		-				
88. 00	08800 RURAL HEALTH CLINIC						88. 00
				1			
	08900 FEDERALLY QUALIFIED HEALTH CENTER	_	_				89. 00
	09000 CLI NI C	0	0				90.00
	09001 OCC HEALTH CLINIC	0		1			90. 01
	09002 CARDI OLOGY CLI NI C	0	0				90. 02
90. 03	09003 SPECIALTY CLINIC	0	0				90. 03
	09100 EMERGENCY	1 0	Ö				91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART		Ö	1			92. 00
200.00			l e	1			200. 00
			1, 518				
201. 00							201. 00
	Only Charges						l
202. 00	Net Charges (line 200 - line 201)	0	1, 518				202. 00

ealth Financial Systems APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	FRANCISCAN HE	Provi der C	CN: 15-0004	Peri od:	u of Form CMS-1 Worksheet D	2002 11
WE ONLY OF THE ATTENT AND LEARN SERVICE ONLY	THE 00010		CCN: 15-S004	From 01/01/2020 To 12/31/2020	Part II	nared.
		·			7/29/2021 12:	48 pm
			e XVIII	Subprovi der  - I PF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost (from Wkst. B,		to Charges	Program . Charges	(column 3 x column 4)	
	Part II, col.	8)	2)	. Charges	COLUMN 4)	
	26)					
	1. 00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	200 740					4
50. 00   05000   OPERATING ROOM	922, 743	1	1		0	
50. 01   05001   OPEN HEART SURGERY	770 5(4	1			0	1
0. 02   05002   01TPATI ENT   SURGERY	772, 561				0	
1. 00   05100   RECOVERY ROOM	79, 017				0	
3. 00   05300   ANESTHESI OLOGY	100, 222				1 077	
4. 00   05400   RADI OLOGY - DI AGNOSTI C	843, 443				1, 077	
4. 01   05401   RADI OLOGY   SPECI AL   PROCEDURES 4. 02   05402   ULTRASOUND	239, 106 62, 394		1		0 26	
5. 00   05500 RADI OLOGY-THERAPEUTI C	02, 394	8, 864, 288	0.0000		0	
5. 01   05501   COMPUTED TOMOGRAPHY	591, 442	34, 507, 609	1		627	
7. 00   05700   CT   SCAN	371, 442	34, 307, 007	0.00000		027	1
3. 00   05800   MRI			0.00000		0	1
9. 00 05900 CARDI AC CATHETERI ZATI ON			0.00000		0	1
0. 00   06000   LABORATORY	316, 270	57, 179, 313			919	
D. 01 06001 BLOOD LABORATORY	0.0,270	07,177,010	0.00000		0	1
3.00 06300 BLOOD STORING, PROCESSING & TRANS.	679	1, 332, 046	1		Ō	1
3. 01   06301 NUCLEAR MEDICINE	131, 189				342	63. 0
5. 00 06500 RESPIRATORY THERAPY	298, 302				32	65.00
6. 00 06600 PHYSI CAL THERAPY	293, 171	6, 234, 593	0. 04702	1, 720	81	66.0
7. 00 06700 OCCUPATIONAL THERAPY	34, 339	4, 674, 835	0. 00734	15 681	5	67.0
8.00 06800 SPEECH PATHOLOGY	90, 753	2, 592, 813	0. 03500	0	0	68. 0
9. 00   06900   ELECTROCARDI OLOGY	236, 104	12, 270, 988	0. 01924	41, 340	795	69.0
0. 00   07000   ELECTROENCEPHALOGRAPHY	34, 925	•			0	1
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	273, 898				140	
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	99, 392				0	1
3.00 07300 DRUGS CHARGED TO PATIENTS	445, 679	1	1		155	1
6. 00   03020   PAIN CLINIC	0	0			0	1
6. 01   03950   ORTHOPEDI CS	16, 793				0	1
6. 02 03140 CARDI OVASCULAR SERVI CES	437, 960				0	
6. 03   03957   CARDI AC REHABI LI TATI ON	90, 121		1		0	
6. 04   03190   RADIATION ONCOLOGY 6. 05   03951   MRI	330, 625	1	1		0	
6.06   03951   MRI 6.06   03952   BARI ATRI C CENTER	89, 128	6, 567, 000	1		165 0	
6.07 03550 PSYCH ACTIVITY THERAPY	17, 408	1	0.00000		0	1
6. 08   03953   WOUND CARE	127, 276	1	ı		0	
6. 09   03954   RENAL DI ALYSI S	234, 820				0	
6. 10 03955 I NFUSI ON	104, 807		1		_	
6. 11 03956 CARE TRANSITION CENTER	54				-	
6.12 03958 ANTI COAGULATI ON CLINI C	4, 442					1
OUTPATIENT SERVICE COST CENTERS	_					4
B. 00 08800 RURAL HEALTH CLINIC	0	0	0.00000		0	
P. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.00000		0	1
D. 00   09000   CLI NI C	0	0	0. 00000		0	
D. 01 09001 OCC HEALTH CLINIC	2, 672	1			0	1
D. 02 09002 CARDI OLOGY CLI NI C	0	0			0	
O. 03   09003   SPECIALTY CLINIC	347	1	0.00000		0	
1. 00   09100   EMERGENCY	667, 402	1 77, 850, 355	0.00857	168, 966	1, 449	91.00

667, 402

0 7, 989, 484

77, 850, 355 11, 123, 018 632, 811, 984

0.000000

555, 949

0 92.00

1, 449 91. 00

5, 813 200. 00

91. 00 09100 EMERGENCY

Health Financial Systems	FRANCI SCAN HEALT	H HAMMOND	In Lie	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0004	Peri od: From 01/01/2020	Worksheet D
THROUGH COSTS		Component CCN: 15-S004		Date/Time Prepared:
		T: +1 - \0/1   1	Code a second alessa	7/29/2021 12: 48 pm

			Title	· XVIII	Subprovi der -	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	IPF Allied Health	Allied Health	
	cost center bescription	Anesthetist	Post-Stepdown	livar string scribbi	Post-Stepdown	Airred ficar til	
		Cost	Adjustments		Adjustments		
		1. 00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS					<u> </u>	
50.00	05000 OPERATING ROOM	0	0	(	0	0	50. 00
50. 01	05001 OPEN HEART SURGERY	0	0	(	0	0	50. 01
50.02	05002 OUTPATIENT SURGERY	0	0	C	0	0	50. 02
51.00	05100 RECOVERY ROOM	0	0	C	0	0	51.00
53.00	05300 ANESTHESI OLOGY	0	0	C	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	C	0	99, 430	54. 00
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	0	0	(	0	2, 093	54. 01
54. 02	05402 ULTRASOUND	0	0	(	0	1, 047	54. 02
55. 00	05500   RADI OLOGY-THERAPEUTI C	0	0	(	0	0	55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	0	0	(	0	2, 093	55. 01
57. 00	05700 CT SCAN	0	0	(	,	0	57. 00
58. 00	05800  MRI	0	0	C	0	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	1	-	0	0	59. 00
60.00	06000 LABORATORY	0	0	C	0	202, 748	60.00
60. 01	06001 BLOOD LABORATORY	0	0	(	0	0	60. 01
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	C	,	39, 561	63. 00
63. 01	06301 NUCLEAR MEDICINE	0	0	C	0	4, 945	63. 01
65. 00	06500 RESPI RATORY THERAPY	0	0	C	0	100, 973	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0	C	0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0	C	0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0		0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	(	,	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1	(	0	0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		,	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1	(	0	751, 785	73.00
76. 00 76. 01	03020 PAIN CLINIC	0	0			0	76. 00
76. 01 76. 02	03950 ORTHOPEDICS		1	`	,	0 0	76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES 03957 CARDI AC REHABI LI TATI ON					0	76. 02 76. 03
76. 03	03190 RADI ATI ON ONCOLOGY					0	76. 03
76. 04	03951 MRI					0	76. 04
76. 06	03952 BARI ATRI C CENTER					0	76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY					Ö	76. 07
76. 08	03953 WOUND CARE					0	76. 08
	03954 RENAL DIALYSIS					Ö	76. 09
76. 10	03955 I NFUSI ON	0		1		0	76. 10
76. 11	03956 CARE TRANSITION CENTER		o o		o o	Ö	76. 11
	03958 ANTI COAGULATI ON CLINIC	0	1				76. 12
	OUTPATIENT SERVICE COST CENTERS	_					
88. 00	08800 RURAL HEALTH CLINIC	0	0		0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	1			0	89. 00
90.00	09000 CLI NI C	0	0		0	0	90.00
90. 01	09001 OCC HEALTH CLINIC	0	0	l	0	0	90. 01
90. 02	09002 CARDI OLOGY CLI NI C	0	0		0	0	90. 02
90. 03	09003 SPECIALTY CLINIC	0	0	(	0	0	90. 03
91.00	09100 EMERGENCY	0	0	(	0	396, 094	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	)	(	)	0	92.00
200.00	Total (lines 50 through 199)	0	0	l c	0	1, 600, 769	200. 00

	Financial Systems TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	FRANCISCAN HEARVICE OTHER PASS		CN: 15-0004	Peri od:	u of Form CMS-2 Worksheet D	2552-10
	H COSTS			CCN: 15-S004	From 01/01/2020 To 12/31/2020	Part IV	
			Ti tl e	· XVIII	Subprovider - IPF	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges		
		Medical Education Cost	(sum of cols. 1, 2, 3, and	Outpatient Cost (sum of	(from Wkst. C, Part I, col.	to Charges (col. 5 ÷ col.	
		Luucati on cost	4)	col s. 2, 3,	8)	7)	
			ŕ	and 4)	ŕ	(see	
		4.00	5.00	6.00	7. 00	instructions) 8.00	
	ANCILLARY SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
50. 00	05000 OPERATING ROOM	0		•	0 26, 423, 747	0. 000000	
50. 01	05001 OPEN HEART SURGERY	0	•	1	0 0	0.000000	1
50. 02 51. 00	05002   OUTPATI ENT SURGERY   05100   RECOVERY ROOM	0	0		0 3, 796, 152 0 3, 742, 266	0. 000000 0. 000000	1
53. 00	05300 ANESTHESI OLOGY	Ö	Ö		0 10, 017, 867	0. 000000	
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	99, 430	99, 43	10, 202, 456	0. 009746	
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	0	2, 093			0.000204	
54. 02 55. 00	05402  ULTRASOUND   05500  RADI OLOGY-THERAPEUTI C	0	1, 047	1, 04	8, 864, 288 0 0		1
55. 00 55. 01	05501 COMPUTED TOMOGRAPHY		2, 093	2.09	-	0. 000000 0. 000061	1
57. 00	05700 CT SCAN	0	0	2,0,	0 0	0. 000000	1
58. 00	05800 MRI	0	0		0	0. 000000	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	000 7	0 0	0.000000	
60. 00 60. 01	06000  LABORATORY   06001  BL00D   LABORATORY	0	202, 748	202, 74	18 57, 179, 313 0 0	0. 003546 0. 000000	1
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.		39, 561	39, 56	9	0. 029699	1
63. 01	06301 NUCLEAR MEDICINE	0	4, 945			0. 001730	1
65. 00	06500 RESPI RATORY THERAPY	0	100, 973	100, 97		0. 008718	1
66.00	06600 PHYSI CAL THERAPY	0	0		0 6, 234, 593	0.000000	
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0			0 4, 674, 835 0 2, 592, 813	0. 000000 0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	0	Ö		0 12, 270, 988	0. 000000	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0		0 325, 879	0. 000000	1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	•	0 22, 748, 175	0.000000	1
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS		0 751, 785		0 4, 934, 890 263, 214, 960	0. 000000 0. 002856	1
76. 00	03020 PAIN CLINIC		731, 763		0 0	0. 002030	1
76. 01	03950 ORTHOPEDI CS	0	0		0 0	0. 000000	1
76. 02	03140 CARDI OVASCULAR SERVI CES	0	0		0 14, 905, 787	0. 000000	
76. 03	03957 CARDI AC REHABI LI TATI ON	0	0		0 2, 019, 373 0 173, 775	0.000000	
76. 04 76. 05	03190   RADIATION ONCOLOGY   03951   MRI				0 173, 775 0 6, 567, 000	0. 000000 0. 000000	1
76. 06	03952 BARI ATRI C CENTER	Ö	Ö		0 0,007,000	0. 000000	
76. 07	03550 PSYCH ACTIVITY THERAPY	0	0		0	0. 000000	
76. 08		0	0		0 1, 543, 828	0. 000000	
	03954	0	0		0 2, 573, 952 0 17, 452, 812	0. 000000 0. 000000	
76. 10	03956 CARE TRANSITION CENTER	0			0 21, 362	0. 000000	
	03958 ANTI COAGULATI ON CLINIC	0		•	0 562, 704	0. 000000	
	OUTPATIENT SERVICE COST CENTERS						
88. 00 89. 00	08800 RURAL HEALTH CLINIC 08900 FEDERALLY QUALIFIED HEALTH CENTER	0			0 0	0. 000000 0. 000000	
90.00	09000 CLINIC				0 0	0. 000000	
90. 01	09001 OCC HEALTH CLINIC	0	0		0 253, 470	0. 000000	1
90. 02	09002 CARDI OLOGY CLI NI C	0	0		0	0. 000000	90. 02
90. 03		0	0		0 0	0. 000000	
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	396, 094	396, 09	77, 850, 355 0 11, 123, 018	0. 005088 0. 000000	
	10720010D3ERVATION DED3 (NUN-DISTINGI PAKI		i ()	1	vi II. 123. UTB		1 72. (1)

	<u>Financial Systems</u> TONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	FRANCI SCAN HEAL RVI CF OTHER PASS	Provider C	CN: 15-0004	Peri od:	u of Form CMS-2 Worksheet D	2552-10
	GH COSTS	92 9		CCN: 15-S004	From 01/01/2020 To 12/31/2020	Part IV	pared:
			Ti tl e	× XVIII	Subprovi der - I PF	PPS	46 piii
	Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Throug		Pass-Through	
		(col. 6 ÷ col. 7)		Costs (col. x col. 10)	8	Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12. 00	13. 00	
	ANCILLARY SERVICE COST CENTERS	7.00	10.00	100	12.00	10.00	
50.00	05000 OPERATI NG ROOM	0. 000000	C	)	0 0	0	50. 00
50. 01	05001 OPEN HEART SURGERY	0. 000000	0	1	0 0	0	50. 01
50.02	05002 OUTPATIENT SURGERY	0. 000000	0	)	0 0	0	50. 02
51.00	05100 RECOVERY ROOM	0. 000000	0	)	0 0	0	51.00
53.00	05300 ANESTHESI OLOGY	0. 000000	0	1	0 0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 009746	13, 025	1.	27 0	0	54. 00
54. 01	05401 RADI OLOGY SPECI AL PROCEDURES	0. 000204	0		0 0	0	
54. 02	05402 ULTRASOUND	0. 000118	3, 764		0 0	0	
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 000000	0	1	0 0	0	
55. 01	05501 COMPUTED TOMOGRAPHY	0. 000061	36, 570	1	2 0	0	
57. 00	05700 CT SCAN	0. 000000	0	1	0 0	0	1
58.00	05800 MRI	0.000000	0	1	0 0	0	
59. 00 60. 00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0. 000000 0. 003546	166, 099	1	0 89 1, 420	0 5	59. 00 60. 00
60. 00	06001 BLOOD LABORATORY	0. 003346	100, 099	1	0 0 0	0	1
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 029699	0	l .	0 0	0	1
63. 01	06301 NUCLEAR MEDICINE	0. 001730	7, 442	l .	13 0	Ö	
65. 00	06500 RESPI RATORY THERAPY	0. 008718	1, 245	1	11 0	Ö	
66. 00	06600 PHYSI CAL THERAPY	0. 000000	1, 720	1	0 0	Ō	
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000	681	1	0 0	0	1
68.00	06800 SPEECH PATHOLOGY	0. 000000	0	1	0 0	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0. 000000	41, 340	)	0 5, 854	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 000000	0	)	0 0	0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	11, 610		0 225	0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	0	1	0 0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 002856	91, 297	2	61 5, 585	16	1
76. 00	03020 PAIN CLINIC	0. 000000	0	1	0 0	0	1
76. 01	03950 ORTHOPEDI CS	0. 000000	0	1	0 0	0	
76. 02	03140 CARDI OVASCULAR SERVI CES	0.000000	0		0 0	0	1
76. 03	03957 CARDI AC REHABI LI TATI ON	0.000000	0	1	0 0	0	1
76. 04 76. 05	03190 RADIATION ONCOLOGY 03951 MRI	0. 000000 0. 000000	12, 190	1	0 0	0	1
76. 05	03952 BARI ATRI C CENTER	0. 000000	12, 190	1	0 0	0	
76. 07	03550 PSYCH ACTIVITY THERAPY	0. 000000	0	1	0 0	0	
76. 07	03953 WOUND CARE	0. 000000	0	1	0 0	0	1
76. 09	03954 RENAL DIALYSIS	0. 000000	0	1	0 0	Ö	
	03955   NFUSI ON	0. 000000	Ö	1	0 0	ő	
76. 11	03956 CARE TRANSITION CENTER	0. 000000	Ö	1	0 0	0	1
	03958 ANTI COAGULATI ON CLI NI C	0. 000000	0		0 0	0	
	OUTPATIENT SERVICE COST CENTERS						1
88. 00	08800 RURAL HEALTH CLINIC	0. 000000	0		0 0	0	88. 00
89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	0		0 0	0	89. 00
90.00	09000 CLI NI C	0. 000000	0		0 0	0	90.00
90. 01	09001 OCC HEALTH CLINIC	0. 000000	0		0	0	
90. 02	09002 CARDI OLOGY CLI NI C	0. 000000	0	1	0 0	0	
90. 03	09003 SPECIALTY CLINIC	0. 000000	0	1	0 0	0	
91.00	09100 EMERGENCY	0. 005088	168, 966	8	60 19, 183	98	91. 00

0. 000000

555, 949

0 90. 03 98 91.00 0 92.00

0 92.00 119 200.00

32, 267

1, 863

Component CCN: 15-S004 То Date/Time Prepared: 12/31/2020

7/29/2021 12:48 pm Title XVIII Subprovi der -**PPS** I PF Charges Costs Cost to Charge PPS Reimbursed Cost Center Description Cost PPS Services Cost Ratio From Services (see Rei mbursed Rei mbursed (see inst.) Worksheet C, inst.) Servi ces Services Not Part I, col. Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 1.00 2.00 5. 00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0. 167216 0 50.00 05001 OPEN HEART SURGERY 0.000000 0 0 50.01 50.01 0 05002 OUTPATIENT SURGERY 0 0.900449 50.02 50 02 0 0 51.00 05100 RECOVERY ROOM 0.199851 0 0 51.00 05300 ANESTHESI OLOGY 0 0 53.00 0.461748 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 0. 344667 0 54.00 0 54.00 0 0 54.01 05401 RADI OLOGY SPECIAL PROCEDURES 0.155373 Ω 0 54 01 05402 ULTRASOUND 0.111709 0 0 0 54.02 54.02 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 55.00 05501 COMPUTED TOMOGRAPHY 0 0.051870 0 55.01 0 55.01 0 57.00 05700 CT SCAN 0.000000 C 0 57 00 05800 MRI 0.000000 58.00 0 58.00 05900 CARDIAC CATHETERIZATION 0 59.00 0.000000 0 59.00 0 60.00 06000 LABORATORY 0.150134 1, 420 213 60.00 60.01 06001 BLOOD LABORATORY 0.000000 C 0 60.01 0. 033655 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 63.00 06301 NUCLEAR MEDICINE 0 63.01 0.240020 0 0 63.01 06500 RESPIRATORY THERAPY 0 65.00 0.366767 C 0 65.00 06600 PHYSI CAL THERAPY 0.758767 0 66.00 66.00 06700 OCCUPATIONAL THERAPY 0 67.00 0. 259892 67.00 0 0 06800 SPEECH PATHOLOGY 0.304229 68.00 0 68.00 69.00 06900 ELECTROCARDI OLOGY 0.091552 5,854 536 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 0.553325 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 0.411221 225 93 71.00 0 07200 I MPL. DEV. CHARGED TO PATIENTS 72.00 0.860666 Ω 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.141516 5, 585 35 790 73.00 03020 PAIN CLINIC 0 76.00 0.000000 0 0 0 0 0 0 0 0 0 0 76.00 03950 ORTHOPEDICS 0 76 01 0.000000 0 76 01 Ω 0 03140 CARDI OVASCULAR SERVI CES 76.02 0.131554 C 0 76.02 76.03 03957 CARDIAC REHABILITATION 0.372334 0 0 0 76.03 76.04 03190 RADIATION ONCOLOGY 6. 192404 0 76.04 0 0 76 05 03951 MRI Ω 76 05 0.084398 0 03952 BARLATRIC CENTER 0 76.06 0.000000 0 0 76.06 76.07 03550 PSYCH ACTIVITY THERAPY 0.000000 0 76.07 76.08 03953 WOUND CARE 0.547937 0 0 76.08 0 0 03954 RENAL DIALYSIS 76 09 0.689955 76.09 0 0 76. 10 03955 I NFUSI ON 0. 276044 0 0 76.10 03956 CARE TRANSITION CENTER 0 0 76. 11 76.11 0.378335 03958 ANTI COAGULATION CLINIC 0 1. 192105 0 0 76. 12 76.12 OUTPATIENT SERVICE COST CENTERS 88.00 08800 RURAL HEALTH CLINIC 88.00 08900 FEDERALLY QUALIFIED HEALTH CENTER 89.00 89.00 09000 CLI NI C 90.00 0.000000 0 90.00 0 0 0 90.01 09001 OCC HEALTH CLINIC 1.546487 C 0 0 90.01 0 09002 CARDIOLOGY CLINIC 0.000000 90.02 90.02 0 09003 SPECIALTY CLINIC 0.000000 0 90.03 90.03 0 09100 EMERGENCY 0 91.00 0.209159 19, 183 4.012 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 911555 0 0 92.00 0 0 200.00 Subtotal (see instructions) 32, 267 35 5, 644 200. 00 Less PBP Clinic Lab. Services-Program 0 201.00 0 201.00

0

35

32, 267

5, 644 202. 00

202.00

Only Charges

Net Charges (line 200 - line 201)

Health Financial Systems	FRANCI SCAN HEALT	TH HAMMOND	In Lie	u of Form CMS-2552-10
APPORTI ONMENT OF MEDICAL	OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	From 01/01/2020	Worksheet D Part V Date/Time Prepared: 7/29/2021 12:48 pm

			Title	XVIII	Subprovi der -	PPS	40 piii
					I PF		
	Cost Center Description	Cost	Cost				
	cost center bescription	Rei mbursed	Rei mbursed				
			Services Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
ANCI LL	ARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	0				50. 00
50. 01   05001	OPEN HEART SURGERY	0	0				50. 01
50. 02   05002	OUTPATI ENT SURGERY	0	0				50. 02
	RECOVERY ROOM	0	0				51. 00
1 1	ANESTHESI OLOGY	0	0				53. 00
1 1	RADI OLOGY-DI AGNOSTI C	0	0				54. 00
	RADI OLOGY SPECI AL PROCEDURES	0	0				54. 01
1 1	ULTRASOUND	0	0				54. 02
1 1	RADI OLOGY-THERAPEUTI C	0	0				55. 00
1 1	COMPUTED TOMOGRAPHY	0	0				55. 01
	CT SCAN	0	0				57. 00
58. 00   05800		0	0				58. 00
1 1	CARDI AC CATHETERI ZATI ON	0	0				59.00
	LABORATORY	0	0				60.00
1 1	BLOOD LABORATORY		0				60. 01
	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
1 1	NUCLEAR MEDICINE		0				63. 01
1 1	RESPI RATORY THERAPY	0	0				65. 00
1 1	PHYSI CAL THERAPY OCCUPATI ONAL THERAPY		0				66. 00 67. 00
1 1	SPEECH PATHOLOGY		0				68.00
1 1	ELECTROCARDI OLOGY	0	0				69.00
1 1	ELECTROCARDI GLOGI ELECTROENCEPHALOGRAPHY		0				70.00
1 1	MEDICAL SUPPLIES CHARGED TO PATIENT	o o	o				71.00
1 1	IMPL. DEV. CHARGED TO PATIENTS	0	ol				72.00
1 1	DRUGS CHARGED TO PATIENTS	0	5				73. 00
1 1	PAIN CLINIC	0	ol				76. 00
1 1	ORTHOPEDI CS	0	o				76. 01
76. 02 03140	CARDI OVASCULAR SERVI CES	o	o				76. 02
76. 03   03957	CARDIAC REHABILITATION	o	o				76. 03
76. 04   03190	RADIATION ONCOLOGY	o	o				76. 04
76. 05   03951	MRI	o	o				76. 05
76. 06 03952	BARI ATRI C CENTER	0	0				76. 06
76. 07   03550	PSYCH ACTIVITY THERAPY	0	0				76. 07
1 1	WOUND CARE	0	0				76. 08
	RENAL DIALYSIS	0	0				76. 09
76. 10   03955		0	0				76. 10
1 1	CARE TRANSITION CENTER	0	0				76. 11
	ANTI COAGULATI ON CLINI C	0	0				76. 12
	TIENT SERVICE COST CENTERS						00.00
	RURAL HEALTH CLINIC						88. 00
1 1	FEDERALLY QUALIFIED HEALTH CENTER						89.00
	CLINIC OCC HEALTH CLINIC	0	0				90.00
	CARDIOLOGY CLINIC		0				90. 01 90. 02
	SPECIALTY CLINIC		0				90. 02
	EMERGENCY	0	0				90.03
1 1	OBSERVATION BEDS (NON-DISTINCT PART		0				91.00
1 1	Subtotal (see instructions)		5				200.00
1 1	Less PBP Clinic Lab. Services-Program		٦				200.00
	Only Charges						
	Net Charges (line 200 - line 201)	O	5				202. 00
	- · · · · · · · · · · · · · · · · · · ·		'				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der C	CN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Pre 7/29/2021 12:4	pared: 48 pm
		Titl	e XIX	Hospi tal	Cost	
			Charges		Costs	
Cost Center Description	Cost to Charge			Cost	PPS Services	
	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
	1 00	2.00	(see inst.)	(see inst.)	F 00	
ANCILLARY SERVICE COST CENTERS	1.00	2. 00	3. 00	4. 00	5. 00	
50. 00 05000 OPERATING ROOM	0. 167216	4, 686, 627		0 0	783, 679	50. 00
50. 01   05001   OPEN HEART SURGERY	0. 000000			0 0	703, 077	50. 00
50. 02   05002   0UTPATI ENT   SURGERY	0. 900449			0 0	469, 008	50. 02
51. 00   05100   RECOVERY   ROOM	0. 199851	1, 062, 587		0 0	212, 359	51. 00
53. 00 05300 ANESTHESI OLOGY	0. 461748		1	0 0	789, 089	53. 00
54. 00   05400   RADI OLOGY - DI AGNOSTI C	0. 344667	1, 064, 405	1	0 0	366, 865	54. 00
54. 01 05401 RADI OLOGY SPECIAL PROCEDURES	0. 155373				63, 206	54. 01
54. 02   05402   ULTRASOUND	0. 111709			0 0	109, 684	54. 02
55. 00   05500   RADI OLOGY-THERAPEUTI C	0. 000000				0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY	0. 051870	l .		0 0	156, 716	55. 01
57. 00 05700 CT SCAN	0. 000000	1		0 0	0	57. 00
58. 00   05800 MRI	0. 000000			0 0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000				0	59. 00
60. 00   06000   LABORATORY	0. 150134	l .			700, 801	60. 00
60. 01 06001 BLOOD LABORATORY	0. 000000			0 0	0	60. 01
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 033655	l .			4, 729	63. 00
63. 01 06301 NUCLEAR MEDICINE	0. 240020	l .	1	o o	75, 408	63. 01
65. 00 06500 RESPIRATORY THERAPY	0. 366767	l .			41, 751	65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 758767	l .	1	o o	178, 133	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 259892		1		17, 848	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 304229				52, 829	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 091552			ol ol	69, 614	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 553325		,	ol ol	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 411221	983, 922		o o	404, 609	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 860666		1	o o	378, 714	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 141516			0 0	2, 023, 533	73. 00
76. 00 03020 PAIN CLINIC	0. 000000	O	1	0 0	0	76. 00
76. 01 03950 ORTHOPEDI CS	0. 000000	o c	1	0 0	0	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES	0. 131554	313, 536	,	0 0	41, 247	76. 02
76. 03 03957 CARDIAC REHABILITATION	0. 372334	291, 878		0 0	108, 676	76. 03
76. 04 03190 RADI ATI ON ONCOLOGY	6. 192404	l c	1	0 0	0	76. 04
76. 05   03951 MRI	0. 084398	727, 224		0 0	61, 376	76. 05
76. 06   03952   BARI ATRI C   CENTER	0. 000000	0	)	0 0	0	76.06
76. 07 03550 PSYCH ACTIVITY THERAPY	0. 000000	0	)	0 0	0	76. 07
76. 08   03953   WOUND CARE	0. 547937	125, 217		0	68, 611	76. 08
76. 09   03954   RENAL DI ALYSI S	0. 689955	0	1	0	0	76. 09
76. 10   03955   I NFUSI ON	0. 276044	1, 568, 957		0	433, 101	76. 10
76. 11 03956 CARE TRANSITION CENTER	0. 378335		)	0	0	76. 11
76. 12 03958 ANTI COAGULATION CLINIC	1. 192105	39, 436	1	0 0	47, 012	76. 12
OUTPATIENT SERVICE COST CENTERS						
88. 00   08800   RURAL HEALTH CLINIC						88. 00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89. 00
90. 00   09000   CLI NI C	0. 000000		1	0	0	90. 00
90. 01   09001   0CC   HEALTH   CLINIC	1. 546487		1	0	0	90. 01
90. 02   09002   CARDI OLOGY   CLINI C	0. 000000	l .	1	0 0	0	90. 02
90. 03   09003   SPECI ALTY   CLI NI C	0. 000000	l .	1	0 0	0	90. 03
91. 00 09100 EMERGENCY	0. 209159	1	1	0 0	1, 908, 317	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 911555			0 0	2, 030, 981	
200.00 Subtotal (see instructions)		50, 068, 190	1	0 0	11, 597, 896	
201.00 Less PBP Clinic Lab. Services-Program			1	0		201. 00
Only Charges 202.00 Net Charges (line 200 - line 201)		50, 068, 190		0 0	11, 597, 896	202 00
202.00   Net Charges (line 200 - line 201)	I	30,000,190	Ί	0  0	11, 577, 690	<sub> </sub>

Peri od: Worksheet D From 01/01/2020 Part V To 12/31/2020 Date/Time Prepared: 7/29/2021 12:48 pm

						7/29/2021 12:	48 pm_
			Ti t	le XIX	Hospi tal	Cost	
		Co:	sts		•		
	Cost Center Description	Cost	Cost				
	oost center bescription	Rei mbursed	Rei mbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7. 00				
Δ	NCILLARY SERVICE COST CENTERS						
	5000 OPERATING ROOM		1				50.00
1				•			
	5001 OPEN HEART SURGERY	0					50. 01
50. 02 0	5002 OUTPATIENT SURGERY	0	(	)			50. 02
51.00 0	5100 RECOVERY ROOM	0	(				51.00
53.00 0	5300 ANESTHESI OLOGY						53.00
	5400 RADI OLOGY-DI AGNOSTI C		1				54.00
				ol .			1
1	5401 RADI OLOGY SPECI AL PROCEDURES						54. 01
	5402 ULTRASOUND	0					54. 02
55.00 0	5500 RADI OLOGY-THERAPEUTI C	0	(	)			55. 00
55. 01 0	5501 COMPUTED TOMOGRAPHY	0	(				55. 01
57.00 0	5700 CT SCAN		(				57.00
1	5800 MRI		<b>}</b>				58. 00
							1
	5900 CARDI AC CATHETERI ZATI ON						59. 00
60.00 0	6000 LABORATORY	0	(	)			60.00
60. 01 0	6001 BLOOD LABORATORY	0	(	)			60. 01
63.00 0	6300 BLOOD STORING, PROCESSING & TRANS.	1 0		ol			63.00
	6301 NUCLEAR MEDICINE		1				63. 01
	6500 RESPI RATORY THERAPY			ól			65. 00
1		0					1
1	6600 PHYSI CAL THERAPY	0					66. 00
67. 00 0	6700 OCCUPATI ONAL THERAPY	0	(	)			67. 00
68.00 0	6800 SPEECH PATHOLOGY	0	(				68. 00
69.00 0	6900 ELECTROCARDI OLOGY		(				69. 00
	7000 ELECTROENCEPHALOGRAPHY						70. 00
				ól			1
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
	7200 IMPL. DEV. CHARGED TO PATIENTS			)			72. 00
73.00 0	7300 DRUGS CHARGED TO PATIENTS	0	(	0			73. 00
76.00 0	3020 PAIN CLINIC	0	(				76. 00
76. 01 0	3950 ORTHOPEDI CS		(				76. 01
	3140 CARDI OVASCULAR SERVI CES						76. 02
							1
	3957 CARDI AC REHABI LI TATI ON						76. 03
	3190 RADIATION ONCOLOGY	0					76. 04
76. 05 0	3951 MRI	0	(	)			76. 05
76.06 0	3952 BARI ATRI C CENTER	0	(				76. 06
76. 07 0	3550 PSYCH ACTIVITY THERAPY		(				76. 07
	3953 WOUND CARE		,				76. 08
	3954 RENAL DIALYSIS		)				1
1	•	0					76. 09
	3955 I NFUSI ON	0					76. 10
76. 11 0	3956 CARE TRANSITION CENTER	0	(	)			76. 11
76. 12 0	3958 ANTICOAGULATION CLINIC	0	(	)			76. 12
0	UTPATIENT SERVICE COST CENTERS	•	•	•			1
	8800 RURAL HEALTH CLINIC						88. 00
	8900 FEDERALLY QUALIFIED HEALTH CENTER						89. 00
		_	] .				
	9000 CLINIC		l .				90.00
1	9001 OCC HEALTH CLINIC	0					90. 01
	9002 CARDI OLOGY CLI NI C	0	(				90. 02
90. 03 0	9003 SPECIALTY CLINIC	0	(				90. 03
	9100 EMERGENCY		l .				91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
200.00	Subtotal (see instructions)		'	ار			200.00
201.00	Less PBP Clinic Lab. Services-Program	0	1				201. 00
	Only Charges						1
202.00	Net Charges (line 200 - line 201)	0	(				202. 00
	•						

	Financial Systems	FRANCISCAN HE				u of Form CMS-	2552-10
APP0R7	FIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provi der Co	CN: 15-0004	Peri od: From 01/01/2020	Worksheet D Part II	
			Component (	CCN: 15-S004	To 12/31/2020	Date/Time Pre 7/29/2021 12:	
			Ti tl	e XIX	Subprovi der -	PPS	40 piii
	Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
	· ·		(from Wkst. C,	to Charges	Program	(column 3 x	
		(from Wkst. B,			. Charges	column 4)	
		Part II, col. 26)	8)	2)			
		1.00	2.00	3. 00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS			2.22		2.22	
50.00	05000 OPERATING ROOM	922, 743	26, 423, 747	0. 03492		0	50. 00
50. 01	05001 OPEN HEART SURGERY	C	1			0	50. 01
50. 02	05002 OUTPATI ENT SURGERY	772, 561				0	50. 02
51.00	05100 RECOVERY ROOM	79, 017		1		0	51.00
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	100, 222 843, 443		1		0	
54. 00	05401 RADI OLOGY SPECI AL PROCEDURES	239, 106			-	0	1
54. 02	05402 ULTRASOUND	62, 394				0	1
55. 00	05500 RADI OLOGY-THERAPEUTI C	02,07	0	1		0	55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	591, 442	34, 507, 609	1		0	55. 01
57. 00	05700 CT SCAN	C	0	0.00000	00	0	57. 00
58. 00	05800 MRI	C	0	1 0.0000		0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	C	0	0.00000		0	59. 00
60.00	06000 LABORATORY	316, 270	1	l .		0	
60. 01 63. 00	06001 BLOOD LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	679	0 1, 332, 046			0	1
63. 00	06301 NUCLEAR MEDICINE	131, 189	1 ' '			0	
65. 00	06500 RESPIRATORY THERAPY	298, 302				0	65. 00
66. 00	06600 PHYSI CAL THERAPY	293, 171				0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	34, 339				0	67. 00
68. 00	06800 SPEECH PATHOLOGY	90, 753	2, 592, 813	0. 03500		0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	236, 104				0	1
70.00	07000 ELECTROENCEPHALOGRAPHY	34, 925				0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	273, 898				0	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	99, 392 445, 679				0	1
76. 00	03020 PAIN CLINIC	445, 079	1			0	76. 00
76. 01	03950 ORTHOPEDI CS	16, 793	1			0	76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	437, 960	1	1		0	1
76. 03	03957 CARDIAC REHABILITATION	90, 121	2, 019, 373	0. 04462	28 0	0	76. 03
76. 04	03190 RADIATION ONCOLOGY	330, 625				0	1
76. 05	03951 MRI	89, 128	1			0	
76. 06	03952 BARI ATRI C CENTER	0				0	
76. 07	03550 PSYCH ACTIVITY THERAPY 03953 WOUND CARE	17, 408				0	76. 07
	03954 RENAL DIALYSIS	127, 276 234, 820				0	1
	03955   NFUSI ON	104, 807				1	1
76. 11	03956 CARE TRANSITION CENTER	54				0	1
	03958 ANTI COAGULATI ON CLINI C	4, 442				0	
	OUTPATIENT SERVICE COST CENTERS						
88. 00		C	1			0	1
89. 00		C	0	0. 00000		0	1
90.00		0 0	0 0 0	0.00000		0	
	09001 OCC HEALTH CLINIC	2, 672	253, 470			0	1
90. 02	09002 CARDI OLOGY CLI NI C 09003 SPECI ALTY CLI NI C	347		0. 00000 0. 00000		0	1
	09100 EMERGENCY	667, 402	1			10	

0 92.00 11 200.00

0.000000

77, 850, 355 11, 123, 018 632, 811, 984

7, 989, 484

			Ti tl	e XIX	Subprovi der -	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	oost center bescription	Anesthetist	Post-Stepdown	litar string seriest	Post-Stepdown	7 Trou nour en	
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0				50. 00
50. 01	05001 OPEN HEART SURGERY	0	0				50. 01
50. 02	05002 OUTPATI ENT SURGERY	0	0				50. 02
51.00	05100 RECOVERY ROOM	0		C	_	0	51.00
53. 00 54. 00	05300   ANESTHESI OLOGY   05400   RADI OLOGY-DI AGNOSTI C	0					53. 00 54. 00
54. 00	05401 RADI OLOGY SPECIAL PROCEDURES	0					54. 00
54. 01	05402 ULTRASOUND	0			_		54. 02
55. 00	05500 RADI OLOGY-THERAPEUTI C	0					55. 00
55. 01	05501 COMPUTED TOMOGRAPHY	0		1			55. 01
57. 00	05700 CT SCAN	0	l o				57. 00
58. 00	05800 MRI	0	o c	C	0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	O	l c	0	0	59. 00
60.00	06000 LABORATORY	0	o	C	0	202, 748	60.00
60. 01	06001 BLOOD LABORATORY	0	0	C	0	0	60. 01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	C	0		63.00
63. 01	06301 NUCLEAR MEDICINE	0	0	C	0		63. 01
65.00	06500 RESPI RATORY THERAPY	0	0	1		,	65.00
66. 00	06600 PHYSI CAL THERAPY	0	0	1			66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0	0				67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0	1	_	- 1	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	1		- 1	69. 00
70. 00 71. 00	07000   ELECTROENCEPHALOGRAPHY   07100   MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			0	70.00
71.00	07200 IMPL. DEV. CHARGED TO PATTENTS	0					71. 00 72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0				- 1	73. 00
76. 00	03020 PAIN CLINIC	0					76. 00
76. 01	03950 ORTHOPEDI CS	0					76. 01
76. 02	03140 CARDI OVASCULAR SERVI CES	Ö	o o				76. 02
76. 03	03957 CARDI AC REHABI LI TATI ON	0	l c	l c	0	0	76. 03
76.04	03190 RADI ATI ON ONCOLOGY	0	o	C	0	0	76. 04
76. 05	03951  MRI	0	0	C	0	0	76. 05
76.06	03952 BARI ATRI C CENTER	0	0	C	0	0	76. 06
76. 07	03550 PSYCH ACTIVITY THERAPY	0	0	C			76. 07
76. 08	03953 WOUND CARE	0	0				76. 08
76. 09	03954 RENAL DI ALYSI S	0	0				76. 09
76. 10	03955   NFUSI ON	0	0	C			76. 10
76. 11	03956 CARE TRANSITION CENTER	0	0				76. 11
76. 12	03958 ANTI COAGULATI ON CLI NI C	0	0	<u> </u>	0	0	76. 12
00 00	OUTPATIENT SERVICE COST CENTERS  08800 RURAL HEALTH CLINIC	0	O	C	0	0	88. 00
88. 00 89. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				88. 00 89. 00
90.00	09000 CLINIC		0	1			90.00
90.00	09001 OCC HEALTH CLINIC			1			90.00
90. 01	09002 CARDI OLOGY CLI NI C	0					90. 01
90. 03	09003 SPECIALTY CLINIC	0	l o	1			90. 03
91. 00	09100 EMERGENCY	0		ď			91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		C		0	92. 00
200.00	Total (lines 50 through 199)	0	o d	l c	0	1, 600, 769	200. 00

	Financial Systems  IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	FRANCISCAN HEARVICE OTHER PAS		CN: 15-0004	Peri od:	u of Form CMS-2 Worksheet D	2332-10
	H COSTS	KVI OE OTHEK TAS		CCN: 15-S004	From 01/01/2020 To 12/31/2020	Part IV Date/Time Pre 7/29/2021 12:	
			Ti tl	e XIX	Subprovider -	PPS	10 p
	Cost Center Description	All Other	Total Cost	Total	Total Charges		
		Medical Education Cost	(sum of cols. 1, 2, 3, and	Outpatient Cost (sum of	(from Wkst. C, Part I, col.	to Charges (col. 5 ÷ col.	
		Education cost	4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
		4.00	5. 00	6. 00	7. 00	instructions) 8.00	
	ANCILLARY SERVICE COST CENTERS				7.00	0.00	
50.00	05000 OPERATI NG ROOM	0		•	0 26, 423, 747	0. 000000	
50. 01 50. 02	05001   OPEN HEART SURGERY   05002   OUTPATI ENT SURGERY	0	0	1	0 0 3, 796, 152	0. 000000 0. 000000	
51. 00	05100 RECOVERY ROOM				0 3, 742, 266	0. 000000	
53.00	05300 ANESTHESI OLOGY	0	0		0 10, 017, 867	0. 000000	
54.00	05400 RADI OLOGY - DI AGNOSTI C	0	99, 430			0. 009746	
54. 01 54. 02	05401   RADI OLOGY   SPECI AL   PROCEDURES   05402   ULTRASOUND	0	2, 093 1, 047			0. 000204 0. 000118	
55. 00	05500 RADI OLOGY-THERAPEUTI C		1,047	1,04	0 0,004,200	0. 0000118	1
55. 01	05501 COMPUTED TOMOGRAPHY	0	2, 093	2, 09	34, 507, 609	0. 000061	1
57. 00	05700 CT SCAN	0	0		0	0. 000000	1
58. 00 59. 00	05800   MRI   05900   CARDIAC CATHETERIZATION	0	0		0	0. 000000 0. 000000	
60.00	06000 LABORATORY		202, 748	202, 74	8 57, 179, 313	0. 003546	
60. 01	06001 BLOOD LABORATORY	0	0	,	0 0	0. 000000	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	39, 561			0. 029699	1
63. 01 65. 00	06301   NUCLEAR   MEDI CI NE   06500   RESPI RATORY   THERAPY	0	4, 945 100, 973			0. 001730 0. 008718	
66. 00	06600 PHYSI CAL THERAPY		100, 973	100, 97	11, 582, 392 0 6, 234, 593	0.000718	1
67. 00	06700 OCCUPATI ONAL THERAPY	0	O		0 4, 674, 835	0. 000000	
68. 00	06800 SPEECH PATHOLOGY	0	0		0 2, 592, 813	0. 000000	1
69.00	06900 ELECTROCARDI OLOGY	0	0		0 12, 270, 988 0 325, 879	0.000000	1
70. 00 71. 00	07000  ELECTROENCEPHALOGRAPHY   07100  MEDICAL SUPPLIES CHARGED TO PATIENT				0 325, 879 0 22, 748, 175	0. 000000 0. 000000	1
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	Ö		0 4, 934, 890	0. 000000	1
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	751, 785	751, 78		0. 002856	
76.00	03020 PALN CLINIC	0	0	1	0 0	0.000000	
76. 01 76. 02	03950  ORTHOPEDI CS   03140  CARDI OVASCULAR   SERVI CES	0			0 0 14, 905, 787	0. 000000 0. 000000	
76. 03	03957 CARDI AC REHABI LI TATI ON	0	Ö		0 2, 019, 373	0. 000000	
76. 04	03190 RADIATION ONCOLOGY	0	0		0 173, 775	0. 000000	1
76.05	03951 MRI	0	0		0 6, 567, 000	0.000000	1
76. 06 76. 07	03952  BARI ATRI C CENTER   03550  PSYCH ACTI VI TY THERAPY				0 0	0. 000000 0. 000000	1
76. 08	03953 WOUND CARE	Ö	Ö		0 1, 543, 828	0. 000000	
	03954 RENAL DIALYSIS	0	0		0 2, 573, 952	0. 000000	
	03955 I NFUSI ON	0	0		0 17, 452, 812	0.000000	
76. 11 76. 12	03956   CARE TRANSITION CENTER   03958   ANTICOAGULATION CLINIC	0		•	0 21, 362 0 562, 704	0. 000000 0. 000000	
70. 12	OUTPATIENT SERVICE COST CENTERS			I.	002,701	0.00000	70. 12
	08800 RURAL HEALTH CLINIC	0		1	0 0	0. 000000	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0.000000	
90. 00 90. 01	09000	0			0 253, 470	0. 000000 0. 000000	1
90. 01	09002 CARDI OLOGY CLI NI C				0 233, 470	0. 000000	1
90. 03	09003 SPECIALTY CLINIC	0	0		0	0. 000000	90. 03
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	396, 094	396, 09	77, 850, 355 0 11, 123, 018	0. 005088 0. 000000	

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	ERVICE OTHER PASS	Provi der C	CN: 15-0004	Peri od:	Worksheet D	
THROUG	H COSTS		Component	CCN: 15-S004	From 01/01/2020 To 12/31/2020	Part IV Date/Time Pre 7/29/2021 12:	pared: 48 pm
			Titl	e XIX	Subprovi der – I PF	PPS	
	Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7) 9.00	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. x col. 10) 11.00	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12) 13.00	
	ANCILLARY SERVICE COST CENTERS	7.00	10.00	11.00	12.00	10.00	
50.00	05000 OPERATING ROOM	0. 000000	C	)	0 0	0	50.00
0. 01	05001 OPEN HEART SURGERY	0. 000000	C	•	0 0	0	
50. 02	05002 OUTPATI ENT SURGERY	0. 000000	C		0	0	
51.00	05100 RECOVERY ROOM	0. 000000	C	II.	0 0	0	51.00
3.00	05300 ANESTHESI OLOGY	0.000000	C	•	0 0	0	
4.00	05400 RADI OLOGY - DI AGNOSTI C	0.009746	C	I .	0 0	0	54.00
4. 01 4. 02	05401 RADI OLOGY SPECI AL PROCEDURES   05402 ULTRASOUND	0. 000204 0. 000118	(	I .		0	54. 0
5.00	05500 RADI OLOGY-THERAPEUTI C	0.000118	C	•		0	
5. 01	05501 COMPUTED TOMOGRAPHY	0. 000061	(	•		0	
7. 00	05700 CT SCAN	0.000001	(	•		0	
8. 00	05800 MRI	0. 000000	C	1	o o	0	
9. 00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	C	•	o ol	0	59.0
0. 00	06000 LABORATORY	0. 003546	C	•	0 0	0	60.0
0. 01	06001 BLOOD LABORATORY	0. 000000	C		0 0	0	60.0
3. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 029699	C		0 0	0	63.0
3. 01	06301 NUCLEAR MEDICINE	0. 001730	C	•	0 0	0	63.0
5. 00	06500 RESPI RATORY THERAPY	0. 008718	C	l .	0 0	0	
6. 00	06600 PHYSI CAL THERAPY	0. 000000	C	1	0 0	0	1
7. 00	06700 OCCUPATI ONAL THERAPY	0.000000	C	l .	0 0	0	67.0
8. 00 9. 00	06800 SPEECH PATHOLOGY	0. 000000 0. 000000	(			0	68.0
0.00	06900  ELECTROCARDI OLOGY   07000  ELECTROENCEPHALOGRAPHY	0. 000000	(	l		0	70.0
1. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	C	l		0	1
2. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	C	•	0 0	0	
3. 00	07300 DRUGS CHARGED TO PATIENTS	0. 002856	C	1	0 0	0	
6. 00	03020 PAIN CLINIC	0. 000000	C	l	0 0	0	1
6. 01	03950 ORTHOPEDI CS	0. 000000	C		0 0	0	76.0
6. 02	03140 CARDI OVASCULAR SERVI CES	0. 000000	C		0 0	0	76. C
6. 03	03957 CARDI AC REHABI LI TATI ON	0. 000000	C		0 0	0	1
6. 04	03190 RADIATION ONCOLOGY	0. 000000	C	I .	0 0	0	76. C
6. 05	03951 MRI	0. 000000	C	I .	0 0	0	76. C
6.06	03952 BARI ATRI C CENTER	0.000000	C	•	0 0	0	
6. 07 6. 08	03550  PSYCH ACTIVITY THERAPY   03953  WOUND CARE	0. 000000 0. 000000	(	•		0	
6. 09	03954 RENAL DI ALYSI S	0. 000000	(	•		0	
	03955   NFUSI ON	0. 000000	86	1		0	
	03956 CARE TRANSITION CENTER	0. 000000	(	1	o o	0	
	03958 ANTI COAGULATI ON CLINI C	0. 000000	C		o o		76. 12
	OUTPATIENT SERVICE COST CENTERS			,			1
8. 00	08800 RURAL HEALTH CLINIC	0. 000000	C	)	0 0	0	
9. 00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0. 000000	C	)	0 0	0	
0. 00		0. 000000	C	)	0 0	0	
0. 01	09001 OCC HEALTH CLINIC	0. 000000	C	)	0 0	0	
0. 02	09002 CARDI OLOGY CLINI C	0. 000000	C	)	0 0	0	
0. 03	09003 SPECIALTY CLINIC	0.000000	(	2	0 0	0	
	O9100   EMERGENCY   O9200   OBSERVATION   BEDS   (NON-DISTINCT   PART	0. 005088 0. 000000	1, 189	<u>'</u>	6 0	0	

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lieu of Form CMS-255			
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0004	Peri od: From 01/01/2020	Worksheet D-1		
		To 12/31/2020	Date/Time Pre 7/29/2021 12:		
	Title XVIII	Hospi tal	PPS		
0 1 0 1 0 1 11					

		Title XVIII	Hospi tal	7/29/2021 12: PPS	48 pm
	Cost Center Description		·	1. 00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
4 00	I NPATI ENT DAYS			0/ 577	4 00
1. 00 2. 00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-b			26, 577 26, 577	1. 00 2. 00
3. 00	Private room days (excluding swing-bed and observation bed day		vate room days,	20, 377	3. 00
4.00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	ed days)		19, 578	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private roof reporting period		31 of the cost	0	5. 00
6.00	Total swing-bed SNF type inpatient days (including private roof reporting period (if calendar year, enter 0 on this line)	om days) after December :	31 of the cost	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	n days) through December	31 of the cost	0	7. 00
8.00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December 3	l of the cost	0	8. 00
9. 00	Total inpatient days including private room days applicable to newborn days) (see instructions)	the Program (excluding	swing-bed and	6, 781	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII or through December 31 of the cost reporting period (see instruct		oom days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er	nly (including private ro	oom days) after	0	11. 00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI) through December 31 of the cost reporting period		e room days)	0	12. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI) after December 31 of the cost reporting period (if calendar ye			0	13. 00
14.00	Medically necessary private room days applicable to the Progra			0	14. 00
15.00	Total nursery days (title V or XIX only)			0	15.00
16. 00	Nursery days (title V or XLX only) SWING BED ADJUSTMENT			0	16. 00
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 o	f the cost	0.00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0.00	18. 00
19. 00	Medicald rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	after December 31 of t	ne cost	0. 00	20. 00
21. 00	Total general inpatient routine service cost (see instructions			38, 501, 332	
22. 00	Swing-bed cost applicable to SNF type services through Decembe 5 x line 17)	·		0	22. 00
23. 00	Swing-bed cost applicable to SNF type services after December $\mathbf{x}$ line 18)		, , , ,	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December $7 \times 1$ ine 19)	·		0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December $3 \times 1$ ine 20)	31 of the cost reporting	period (line 8	0	25. 00
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 38, 501, 332	26. 00 27. 00
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and observation had sh	argos)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)	a and observation bed cha	ii ges)	0	29.00
30. 00	Semi -pri vate room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 d	- line 28)		0.000000	31.00
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32. 00
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00	33. 00
34. 00	Average per diem private room charge differential (line 32 mir		tions)	0.00	34.00
35. 00	Average per diem private room cost differential (line 34 x lin	ne 31)		0.00	35. 00
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35)	and private room cost di	forential (line	0 38 501 332	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	and private room cost dr	refellual (fine	38, 501, 332	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			1, 448. 67	38. 00
39. 00	Program general inpatient routine service cost per drem (see			9, 823, 431	
40. 00	Medically necessary private room cost applicable to the Progra			0	40.00
41. 00				9, 823, 431	41. 00

	Financial Systems	FRANCISCAN HEA		ON. 15 0004		workshoot D 1	
COMPUI	ATION OF INPATIENT OPERATING COST		Provi der C	UN: 15-0004	Peri od: From 01/01/2020		
					To 12/31/2020	Date/Time Pre 7/29/2021 12:	
				XVIII	Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per		Program Cost (col. 3 x col.	
		•		col . 2)		4)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5. 00	42. 00
42.00	Intensive Care Type Inpatient Hospital Units	١		0.1	00	<u> </u>	42.00
43. 00	INTENSIVE CARE UNIT	7, 192, 912	3, 391	2, 121.	18 990	2, 099, 968	1
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46. 00
47. 00	NEWBORN INTENSIVE CARE UNIT	2, 593, 153	485	5, 346.	71 0	0	47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	, line 200)			13, 264, 232	48. 00
49. 00	Total Program inpatient costs (sum of lines	41 through 48)(	see instructio	ns)		25, 187, 631	49. 00
50. 00	PASS THROUGH COST ADJUSTMENTS  Pass through costs applicable to Program inp.	atient routine	services (from	ı Wkst. D. sur	m of Parts I and	1, 140, 721	50.00
	[111)		•				
51. 00	Pass through costs applicable to Program inpand IV)	atient ancillar	y services (fr	om Wkst. D, s	sum of Parts II	1, 249, 385	51.00
52. 00	Total Program excludable cost (sum of lines	50 and 51)				2, 390, 106	52. 00
53. 00	Total Program inpatient operating cost exclu		lated, non-phy	sician anesth	netist, and	22, 797, 525	53. 00
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION	52)					1
	Program di scharges					0	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)						55. 00 56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and ta	rget amount (I	ine 56 minus	line 53)	0	1
58. 00	Bonus payment (see instructions)	9			ŕ	0	
59. 00	Lesser of lines 53/54 or 55 from the cost remarket basket	porting period	endi ng 1996, ι	pdated and co	ompounded by the	0.00	59. 00
60.00	Lesser of lines 53/54 or 55 from prior year	cost report, up	dated by the m	arket basket		0.00	60.00
61. 00	If line 53/54 is less than the lower of line					0	61.00
	which operating costs (line 53) are less tha amount (line 56), otherwise enter zero (see		S (Tines 54 x	60), or 1% of	r the target		
	Relief payment (see instructions)	,				0	
63. 00	Allowable Inpatient cost plus incentive paym PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instru	ctions)			0	63.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	cost reporti	ng period (See	0	64. 00
45 00	instructions)(title XVIII only)	ts after Decemb	or 21 of the c	ost roportin	a pariod (Saa	0	45 00
65. 00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	ts arter Decemb	er 31 or the C	ost reportino	g perrou (see	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	II only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 c	of the cost re	eporting period	0	67. 00
	(line 12 x line 19)	0					
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after D	ecember 31 of	the cost repo	orting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient	routine costs (	line 67 + line	68)		0	69. 00
70.00	PART III - SKILLED NURSING FACILITY, OTHER NI				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I	70.00
70. 00 71. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service o				)		70.00
72. 00	Program routine service cost (line 9 x line	71)					72. 00
73. 00 74. 00	Medically necessary private room cost applic Total Program general inpatient routine serv						73.00
75. 00	Capital -related cost allocated to inpatient	•			Part II, column		75. 00
7/ 00	26, line 45)	0)					7, 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ li Program capital-related costs (line 9 x line						76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minu						78. 00
79. 00	Aggregate charges to beneficiaries for exces				aug ling 70)		79.00
80.00	Total Program routine service costs for comp Inpatient routine service cost per diem limi		ost iiiii täti Of	(11116 /8 IIII I	ius IIIle /9)		80.00
82. 00	Inpatient routine service cost limitation (I	ine 9 x line 81	* .				82. 00
83. 00 84. 00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see in		S)				83. 00 84. 00
85. 00	Utilization review - physician compensation		ns)				85. 00
86. 00	Total Program inpatient operating costs (sum	of lines 83 th					86. 00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions					6, 999	87. 00
88. 00	Adjusted general inpatient routine cost per	diem (line 27 ÷	line 2)			1, 448. 67	88. 00
	Observation bed cost (line 87 x line 88) (se	e instructions)				10, 139, 241	1 89 00

Health Financial Systems	FRANCI SCAN HEA	ALTH HAMMOND		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2020	Worksheet D-1	
				To 12/31/2020		
		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	3, 570, 087	38, 501, 332	0. 09272	6 10, 139, 241	940, 171	90.00
91.00 Nursing School cost	0	38, 501, 332	0.00000	10, 139, 241	0	91.00
92.00 Allied health cost	0	38, 501, 332	0.00000	10, 139, 241	0	92.00
93.00 All other Medical Education	0	38, 501, 332	0.00000	10, 139, 241	0	93.00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0004		Worksheet D-1
	Component CCN: 15-S004	From 01/01/2020 To 12/31/2020	
	Title XVIII	Subprovi der -	PPS

		litie XVIII	Subprovider -	PPS	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed day			7, 859	1. 00
2. 00 3. 00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed da		sivata room days	7, 859 0	2. 00 3. 00
3.00	do not complete this line.	ys). II you have only pr	Tvate Toolii days,	U	3.00
4.00	Semi-private room days (excluding swing-bed and observation b	ed days)		7, 859	4. 00
5.00	Total swing-bed SNF type inpatient days (including private ro	om 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	om days) after December	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private rool reporting period	m days) through December	31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room	m days) after December 3	31 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	660	9. 00
10. 00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII o through December 31 of the cost reporting period (see instruc	nly (including private r	room days)	0	10. 00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	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		e room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y			0	13. 00
14. 00	Medically necessary private room days applicable to the Progr			0	14. 00
15.00	Total nursery days (title V or XIX only)			0	15. 00
16. 00	Nursery days (title V or XIX only)			0	16. 00
17. 00	SWING BED ADJUSTMENT  Medicare rate for swing-bed SNF services applicable to service	es through December 31 c	of the cost	0.00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0. 00	18. 00
19. 00	reporting period Medicaid rate for swing-bed NF services applicable to service reporting period	s through December 31 of	the cost	0. 00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to service reporting period	s after December 31 of t	he cost	0.00	20. 00
21. 00 22. 00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb		ing ported (Line	7, 867, 094 0	
22.00	5 x line 17)	er 31 of the cost report	ing period (ine	O	22.00
23. 00	Swing-bed cost applicable to SNF type services after December $x$ line 18)	31 of the cost reportin	ng period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through Decembe $7 \times 1$ ine 19)	r 31 of the cost reporti	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December $\mathbf{x}$ line 20)	31 of the cost reporting	period (line 8	0	25. 00
26. 00	Total swing-bed cost (see instructions)	(line 21 minus line 24)		0 7, 867, 094	26. 00
27. 00	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(TITIE 21 IIIITIUS TITIE 20)		7,867,094	27.00
28. 00	General inpatient routine service charges (excluding swing-be	d and observation bed ch	narges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30. 00	Semi-private room charges (excluding swing-bed charges)			0	30. 00
31.00	General inpatient routine service cost/charge ratio (line 27	÷ line 28)		0. 000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33. 00 34. 00	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mi	aus lino 22)(soo instruc	rtions)	0. 00 0. 00	
35. 00	Average per diem private room cost differential (line 34 x li		0113)	0.00	
36. 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	7, 867, 094	
	27 minus line 36)		·		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	ISTMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 001. 03	38. 00
39. 00	Program general inpatient routine service cost per dreim (see			660, 680	
40. 00	Medically necessary private room cost applicable to the Progra			0	
41. 00	Total Program general inpatient routine service cost (line 39	,		660, 680	

Heal th	Financial Systems	FRANCI SCAN HEAL	TH HAMMOND		In Lie	u of Form CMS-2	<u> 2552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CCI		Period: From 01/01/2020	Worksheet D-1	
			Component Co	CN: 15-S004	Го 12/31/2020	Date/Time Pre 7/29/2021 12:	
			Title	XVIII	Subprovi der - I PF	PPS	
	Cost Center Description	Total Inpatient Costlr	Total npatient Days D	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	0	0.00			42. 00
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	ol	ol	0.00	0 0	0	43. 00
44.00	CORONARY CARE UNIT			0.0			44. 00
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
47. 00	NEWBORN INTENSIVE CARE UNIT	0	0	0. 00	0	0	47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wks			nc)		93, 332	
49. 00	Total Program inpatient costs (sum of lines a PASS THROUGH COST ADJUSTMENTS	i through 48) (Si	ee mstruction	15)		754, 012	49. 00
50.00	Pass through costs applicable to Program inpa	atient routine s	ervices (from	Wkst. D, sum	of Parts I and	4, 105	50. 00
51. 00	Pass through costs applicable to Program inpa and IV)	atient ancillary	services (fro	om Wkst. D, si	um of Parts II	7, 676	51. 00
52.00	Total Program excludable cost (sum of lines!					11, 781	52. 00
53. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line ! TARGET AMOUNT AND LIMIT COMPUTATION		ated, non-phys	sician anesthe	etist, and	742, 231	53. 00
54. 00	Program di scharges					0	
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0. 00 0	1
57.00	Difference between adjusted inpatient operati	ng cost and targ	get amount (li	ne 56 minus l	ine 53)	0	57. 00
58. 00 59. 00	Lesser of lines 53/54 or 55 from the cost rep	porting period e	ndi ng 1996, up	odated and cor	npounded by the	0 0. 00	
60. 00	market basket Lesser of lines 53/54 or 55 from prior year (	cost report, upda	ated by the ma	rket basket		0. 00	60. 00
61. 00	If line 53/54 is less than the lower of line which operating costs (line 53) are less than	s 55, 59 or 60 e n expected costs	nter the Lesse	er of 50% of		0	61. 00
62. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	nstructions)				0	62. 00
63. 00	Allowable Inpatient cost plus incentive payme	ent (see instruc	tions)			0	
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST  Medicare swing-bed SNF inpatient routine cost instructions) (title XVIII only)	ts through Decemb	ber 31 of the	cost reporti	ng period (See	0	64. 00
65. 00	Medicare swing-bed SNF inpatient routine costinstructions)(title XVIII only)	ts after Decembe	r 31 of the co	ost reporting	period (See	0	65. 00
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line 6	4 plus line 65	b)(title XVIII	only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	e costs through I	December 31 of	the cost re	porting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)			•	rting period	0	
69. 00	Total title V or XIX swing-bed NF inpatient I PART III - SKILLED NURSING FACILITY, OTHER NU	•				0	69. 00
70.00	Skilled nursing facility/other nursing facili	ty/ICF/IID rout	ine service co	st (line 37)			70. 00
71. 00 72. 00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line		ne /U ÷ line 2	2)			71. 00 72. 00
73.00	Medically necessary private room cost application		•	ne 35)			73.00
74. 00 75. 00	Total Program general inpatient routine servi Capital-related cost allocated to inpatient ( 26, line 45)			orksheet B, Pa	art II, column		74. 00 75. 00
76. 00 77. 00	Per diem capital-related costs (line 75 ÷ lin Program capital-related costs (line 9 x line	,					76. 00 77. 00
78. 00	Inpatient routine service cost (line 74 minus	s line 77)		`			78. 00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa				us line 79)		79. 00 80. 00
81. 00	Inpatient routine service cost per diem limi	tati on			- ,		81. 00
82. 00 83. 00	Inpatient routine service cost limitation (li Reasonable inpatient routine service costs (		)				82. 00 83. 00
84. 00	Program inpatient ancillary services (see in	structions)					84. 00
85. 00 86. 00							85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST	, , , , , , , , , , , , , , , , , , ,			^	
87. 00 88. 00	Total observation bed days (see instructions) Adjusted general inpatient routine cost per of		line 2)			0 0.00	87. 00 88. 00
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)				0	89. 00

Health Financial Systems	FRANCI SCAN HEA	ALTH HAMMOND		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1	
		Component (		From 01/01/2020 To 12/31/2020		
		Title	XVIII	Subprovi der - I PF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷	Total Observati on	Observation 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 (	COST					
90.00 Capital-related cost	48, 895	7, 867, 094	0. 00621	5 0	0	90. 00
91.00 Nursing School cost	0	7, 867, 094	0. 00000	0 0	0	91. 00
92.00 Allied health cost	0	7, 867, 094	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	7, 867, 094	0. 00000	0 0	0	93. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0004		Worksheet D-1
	Component CCN: 15-S004	From 01/01/2020 To 12/31/2020	
	Title XIX	Subprovi der -	PPS

		litie XIX	Subprovider -	PPS	
	Cost Center Description				
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s, excluding newborn)		7, 859	1. 00
2.00	Inpatient days (including private room days, excluding swing-			7, 859	
3.00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	ivate room days,	0	3. 00
4. 00	do not complete this line. Semi-private room days (excluding swing-bed and observation be	ed days)		7, 859	4. 00
5. 00	Total swing-bed SNF type inpatient days (including private room		r 31 of the cost	0	5. 00
	reporting period	3 /			
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	m days) through Docombor	21 of the cost	0	7. 00
7.00	reporting period	ii days) tiii odgii beceiibei	31 of the cost	O	7.00
8.00	Total swing-bed NF type inpatient days (including private roor	n days) after December 3	1 of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)	5			
9. 00	Total inpatient days including private room days applicable to newborn days) (see instructions)	the Program (excluding	swing-bed and	3, 366	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII o	nly (including private r	oom days)	0	10. 00
	through December 31 of the cost reporting period (see instruc-	tions)			
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		e room days)	0	12. 00
12.00	through December 31 of the cost reporting period	Comy (Therdamy private	c room days)	O	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX			0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar you Medically necessary private room days applicable to the Progra			0	14. 00
15. 00	Total nursery days (title V or XIX only)	ill (excluding swing-bed	uays)	853	
16. 00	Nursery days (title V or XIX only)				16. 00
	SWING BED ADJUSTMENT				
17. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through December 31 c	f the cost	0. 00	17. 00
18. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18. 00
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s through December 31 of	the cost	0.00	19. 00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0. 00	20. 00
	reporting period				
21. 00 22. 00	Total general inpatient routine service cost (see instructions Swing-bed cost applicable to SNF type services through December		ing ported (Line	7, 867, 094 0	
22.00	5 x line 17)	er 31 of the cost report	riig perrou (Triie	U	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23. 00
24. 00	X line 18)	a 21 of the east managet:	ng pariod (line	0	24. 00
24.00	Swing-bed cost applicable to NF type services through December $7 \times 1$ ine 19)	31 of the cost reporti	ng perrou (irne	U	24.00
25. 00	Swing-bed cost applicable to NF type services after December :	31 of the cost reporting	period (line 8	0	25. 00
04 00	x line 20)				01.00
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 7, 867, 094	26. 00 27. 00
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(11110 21 111110 11110 20)		7,007,071	27.00
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)		28. 00
29. 00	Pri vate room charges (excluding swing-bed charges)			0	
30. 00 31. 00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	· Lino 29)		0. 000000	30. 00 31. 00
32. 00	Average private room per diem charge (line 29 ÷ line 3)	F 1111e 20)		0. 000000	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00	
34.00	Average per diem private room charge differential (line 32 mi)	nus line 33)(see instruc	tions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line	ne 31)		0.00	
36. 00 37. 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 7, 867, 094	36. 00 37. 00
37.00	27 minus line 36)	and private room cost ur	Transmittal (Title	7, 007, 094	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		,		
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			1 004 00	20.00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			1, 001. 03 3, 369, 467	
40. 00	Medically necessary private room cost applicable to the Progra			3, 304, 407	
	Total Program general inpatient routine service cost (line 39			3, 369, 467	

Heal th	Financial Systems	FRANCI SCAN HEAL	TH HAMMOND		In Lie	u of Form CMS-2	<u> 2552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der CCI		Period: From 01/01/2020	Worksheet D-1	
			Component Co	CN: 15-S004	To 12/31/2020	Date/Time Pre 7/29/2021 12:	
	PPS						
	Cost Center Description	Total Inpatient Costlr	Total npatient Days	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x col.	
		1.00	2. 00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	0	0	0.0			42. 00
43. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	O	0	0.0	0 0	0	43. 00
44.00	CORONARY CARE UNIT						44. 00
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
47. 00		o	0	0.0	0 0	0	47. 00
	Cost Center Description					1. 00	
48. 00 49. 00	Program inpatient ancillary service cost (Wk: Total Program inpatient costs (sum of lines			ıs)		273 3, 369, 740	1
FO 00	PASS THROUGH COST ADJUSTMENTS	<u> </u>		,	-£ Dausta I and		
50. 00	Pass through costs applicable to Program inpa	of Parts I and	0	50. 00			
51. 00	Pass through costs applicable to Program inpand IV)	17	51.00				
52. 00 53. 00	Total Program excludable cost (sum of lines! Total Program inpatient operating cost exclu	atist and	17 3, 369, 723	1			
33.00	medical education costs (line 49 minus line		area, non-phys	or crair anestir	etrst, and	3, 307, 723	33.00
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54. 00
55.00	Target amount per discharge Target amount (line 54 x line 55)		0. 00 0	1			
57. 00	Difference between adjusted inpatient operati	line 53)	0				
58. 00 59. 00	Bonus payment (see instructions) Lesser of lines 53/54 or 55 from the cost re	mnounded by the	0 0. 00				
39.00	market basket	oortring perrod en	nuring 1996, up	dated and co	iipourided by the	0.00	39.00
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year of line 53/54 is less than the lower of lines				the amount by	0.00	60. 00 61. 00
011.00	which operating costs (line 53) are less that amount (line 56), otherwise enter zero (see	n expected costs					000
62. 00	Relief payment (see instructions)		0				
63. 00	Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST	0	63.00				
64. 00	Medicare swing-bed SNF inpatient routine cosilinstructions) (title XVIII only)	0	64. 00				
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	period (See	0	65. 00			
66. 00							66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	0	67. 00				
68. 00							68. 00
69. 00	Total title V or XIX swing-bed NF inpatient	0	69. 00				
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facil						70. 00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72. 00 73. 00	Program routine service cost (line 9 x line 71) Medically necessary private room cost applicable to Program (line 14 x line 35)						72. 00 73. 00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75. 00 76. 00	26, line 45) Per diem capital-related costs (line 75 ÷ li		COSIS (ITOII WC	orksneet B, P	art II, Corumn		75. 00 76. 00
77. 00	Program capital-related costs (line 9 x line 76)						77. 00
78. 00 79. 00							78. 00 79. 00
80. 00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80. 00
81. 00 82. 00							81. 00 82. 00
83. 00	Reasonable inpatient routine service costs (see instructions)						83. 00 84. 00
84. 00 85. 00							
86. 00	Total Program inpatient operating costs (sum of lines 83 through 85)						
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions					0	87. 00
88. 00	Adjusted general inpatient routine cost per	diem (line 27 ÷ 1	line 2)			0. 00	88. 00
89.00	Observation bed cost (line 87 x line 88) (see	e instructions)				ı 0	89. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND			In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Peri od:	Worksheet D-1		
		Component CCN: 15-S004		From 01/01/2020 To 12/31/2020	Date/Time Prepared: 7/29/2021 12:48 pm		
			Title XIX		Subprovi der - PPS		
					I PF		
Cost Center Description	Cost	R	outine Cost	column 1 ÷	Total	Observati on	
		(fi	rom 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		0	7, 867, 094	0.00000	00	0	90.00
91.00 Nursing School cost		0	7, 867, 094	0.00000	0 0	0	91.00
92.00 Allied health cost		0	7, 867, 094	0.00000	0 0	0	92.00
93.00 All other Medical Education		0	7, 867, 094	0. 00000	00	0	93. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND		In_Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0004	Peri od:	Worksheet D-3	
			From 01/01/2020	5 . /=! 5	
			To 12/31/2020	Date/Time Pre	
	Ti +1.	e XVIII	Hocni tal	7/29/2021 12: PPS	48 piii
Cost Conton Dogonintion	11 (1)		Hospi tal		
Cost Center Description		Ratio of Cos		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00	2.00	2)	
INDATIONE DOUBLING CODYLOG COCT CENTERS		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	12 040 000		20.00
30. 00   03000   ADULTS & PEDI ATRI CS			12, 948, 990		30.00
31. 00 03100 I NTENSI VE CARE UNI T			3, 673, 930		31.00
35. 00 02040 NEWBORN INTENSIVE CARE UNIT			0		35. 00
40. 00   04000   SUBPROVI DER -   PF			0		40.00
43. 00 04300 NURSERY					43. 00
ANCI LLARY SERVI CE COST CENTERS		0.1/70	2 110 2/0	F24 000	F0 00
50. 00   05000   OPERATI NG ROOM		0. 16737			1
50. 01 05001 OPEN HEART SURGERY		0.00000		0	50. 01
50. 02 05002 OUTPATIENT SURGERY		0. 90044		646, 306	
51. 00   05100   RECOVERY ROOM		0. 19985		75, 844	
53. 00   05300   ANESTHESI OLOGY		0. 46174		496, 953	
54. 00   05400   RADI OLOGY - DI AGNOSTI C		0. 34466		541, 325	1
54. 01   05401   RADI OLOGY   SPECI AL   PROCEDURES		0. 15537		212, 426	1
54. 02   05402   ULTRASOUND		0. 11170		127, 825	
55. 00   05500   RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY		0. 05187		215, 046	1
57.00  05700   CT SCAN		0.00000		0	57. 00
58. 00   05800   MRI		0.00000		0	58. 00
59. 00   05900   CARDI AC CATHETERI ZATI ON		0.00000		0	59. 00
60. 00  06000  LABORATORY		0. 15016	10, 576, 894	1, 588, 258	60. 00
60. 01   06001   BLOOD LABORATORY		0.00000	00	0	60. 01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 03365	466, 860	15, 712	63. 00
63. 01   06301 NUCLEAR MEDICINE		0. 24002	407, 657	97, 846	63. 01
65. 00 06500 RESPI RATORY THERAPY		0. 36691	7 2, 995, 247	1, 099, 007	65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 75992	904, 053	687, 011	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 25989	759, 687	197, 437	67. 00
68. 00 06800 SPEECH PATHOLOGY		0. 30422	430, 074	130, 841	68. 00
69. 00 06900 ELECTROCARDI OLOGY		0. 09155	2, 461, 607	225, 365	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 55539	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 41122	3, 351, 197	1, 378, 083	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 86066	1, 384, 760	1, 191, 816	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 14151			73. 00
76.00 03020 PAIN CLINIC		0.00000	0	0	76. 00
76. 01 03950 ORTHOPEDI CS		0.00000	0 0	0	76. 01
76. 02 03140 CARDI OVASCULAR SERVI CES		0. 13205	2, 492, 386	329, 120	76. 02
76. 03 03957 CARDIAC REHABILITATION		0. 37233	122, 835	45, 736	76. 03
76. 04 03190 RADIATION ONCOLOGY		6. 19240		0	76. 04
76. 05   03951 MRI		0. 08439			
76. 06 03952 BARI ATRI C CENTER		0.00000		0	76. 06
76. 07 03550 PSYCH ACTIVITY THERAPY		0.00000			76. 07
76. 08 03953 WOUND CARE		0. 54851		Ō	
76. 09 03954 RENAL DIALYSIS		0. 68995		708, 920	1
76. 10   03955   I NFUSI ON		0. 27637		0	76. 10
76. 11 03956 CARE TRANSITION CENTER		0. 37833		Ō	76. 11
76. 12 03958 ANTI COAGULATION CLINIC		1. 21504			76. 12
OUTPATIENT SERVICE COST CENTERS			<u>, 1</u>		70.12
88. 00 08800 RURAL HEALTH CLINIC		0.00000	10	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	
90. 00   09000   CLI NI C		0.00000		0	90.00
90. 01   09001   OCC   HEALTH   CLI NI C		1. 54648		0	90.00
90. 02   09002   CARDI OLOGY   CLI NI C		0. 00000		0	90.01
90. 02   09002   CARDI OLOGY   CLI NI C 90. 03   09003   SPECI ALTY   CLI NI C		0.00000		0	90.02
91. 00   09100   EMERGENCY		0. 00000			
l l				1, 112, 331	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	04 through 00)	0. 91155		12 244 222	92.00
200.00 Total (sum of lines 50 through 94 and	· ,		58, 037, 504	13, 264, 232	
201.00 Less PBP Clinic Laboratory Services-Pi	rogram only charges (fine 61)		E0 027 F04		201. 00
202.00   Net charges (line 200 minus line 201)		1	58, 037, 504	I	202. 00

Health Financial Systems FRANCIS INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	SCAN HEALTH HAMMOND Provider C		Peri od:	wof Form CMS-3 Worksheet D-3	
	Component	CCN: 15-S004	From 01/01/2020 To 12/31/2020	Date/Time Pre 7/29/2021 12:	
	Title	: XVIII	Subprovider -	PPS	p
Cost Center Description		Ratio of Cos		I npati ent	
		To Charges	Program Charges	Program Costs (col. 1 x col. 2)	
		1.00	2. 00	3. 00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		I			30.00
30. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   INTENSIVE CARE UNIT			0		30.00
35. 00   02040   NEWBORN   NTENSI VE CARE UNI T			0		35. 0
40. 00   04000   SUBPROVI DER - I PF			1, 864, 470		40.00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50. 00   05000   0PERATI NG ROOM		0. 16737		0	
50. 01   05001   OPEN HEART SURGERY		0.00000		0	1
50.02  05002 0UTPATIENT SURGERY 51.00  05100 RECOVERY ROOM		0. 90044 0. 19985		0	
53. 00   05300   ANESTHESI OLOGY		0. 19963		0	1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 34466		4, 489	
54. 01   05401 RADI OLOGY SPECIAL PROCEDURES		0. 15537		0	1
54. 02   05402   ULTRASOUND		0. 11170		420	
55. 00   05500   RADI OLOGY-THERAPEUTI C		0.00000	00	0	55. 0
55.01 05501 COMPUTED TOMOGRAPHY		0. 05187		1, 897	
57. 00   05700   CT   SCAN		0.00000		0	
58. 00   05800   MRI		0.00000		0	
59. 00  05900 CARDI AC CATHETERI ZATI ON 60. 00  06000 LABORATORY		0. 00000 0. 15016		0 24, 942	
60. 01   06001   BLOOD LABORATORY		0. 00000		24, 742	1
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 03365		Ö	
63. 01   06301 NUCLEAR MEDICINE		0. 24002		1, 786	
65. 00 06500 RESPIRATORY THERAPY		0. 36691	7 1, 245	457	65.0
66. 00 06600 PHYSI CAL THERAPY		0. 75992		1, 307	
57. 00 06700 OCCUPATI ONAL THERAPY		0. 25989		177	1
68. 00   06800   SPEECH PATHOLOGY		0. 30422		0	
69. 00  06900  ELECTROCARDI OLOGY 70. 00  07000  ELECTROENCEPHALOGRAPHY		0. 09155 0. 55539		3, 785 0	1
71. 00   07100   EEECTROENCEPHALOGRAFHT		0. 33339		4, 774	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 86066		0	1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 14151		12, 920	
76. 00   03020   PAIN CLINIC		0.00000	00	0	76. 0
76. 01 03950 ORTHOPEDI CS		0.00000		0	
76. 02 03140 CARDI OVASCULAR SERVI CES		0. 13205		0	
76. 03   03957   CARDI AC   REHABI LI TATI ON		0. 37233			
76. 04   03190  RADIATION ONCOLOGY 76. 05   03951  MRI		6. 19240 0. 08439		0 1, 029	
76. 06   03951   MRI 76. 06   03952   BARI ATRI C CENTER		0.00000		1,029	1
76. 07 03550 PSYCH ACTIVITY THERAPY		0. 00000		0	
76. 08 03953 WOUND CARE		0. 54851		0	
76. 09   03954   RENAL DI ALYSI S		0. 68995		0	76. 0
76. 10 03955 I NFUSI ON		0. 27637		0	1
76. 11 03956 CARE TRANSITION CENTER		0. 37833		0	
76. 12 03958 ANTI COAGULATI ON CLINI C		1. 21504	19 0	0	76. 1:
OUTPATIENT SERVICE COST CENTERS		0.00000	20	^	00.0
38.00  08800 RURAL HEALTH CLINIC 39.00  08900 FEDERALLY QUALIFIED HEALTH CENTER		0. 00000 0. 00000		0	
90. 00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0.00000		0	1
90. 01   09001   OCC   HEALTH   CLINIC		1. 54648		0	1
90. 02   09002   CARDI OLOGY   CLI NI C		0. 00000		Ö	1
90 03 09003 SPECIALTY CLINIC		0 00000		0	1

90.03 0

91. 00

92.00 0

201. 00 202. 00

35, 349

93, 332 200. 00

0.000000

0. 209207

0. 911555

168, 966

555, 949

90. 02 09002 CARDI OLOGY CLINIC 90. 03 09003 SPECIALTY CLINIC

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

91. 00 09100 EMERGENCY

200.00 201. 00 202. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND		In Lie	u of Form CMS-	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 15-0004	Peri od:	Worksheet D-3	
			From 01/01/2020		
			To 12/31/2020		
				7/29/2021 12:	48 pm
	li	tle XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS			4, 723, 439		30.00
31.00 03100 INTENSIVE CARE UNIT			856, 270		31.00
35. 00 02040 NEWBORN INTENSIVE CARE UNIT			999, 190		35. 00
40. 00   04000   SUBPROVI DER -   PF			0		40.00
43. 00 04300 NURSERY		•	0		43. 00
ANCI LLARY SERVI CE COST CENTERS					45.00
50. 00 05000 OPERATING ROOM		0. 1672	1, 444, 175	241, 489	50.00
50. 00   05000   0FERATTING ROOM 50. 01   05001   0PEN   HEART SURGERY		•		241, 469	1
		0.00000		l .	1
50. 02   05002   OUTPATI ENT SURGERY		0. 90044			1
51.00 05100 RECOVERY ROOM		0. 19985		24, 189	1
53. 00 05300 ANESTHESI OLOGY		0. 46174		244, 540	1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 34466	·		1
54. 01   05401   RADI OLOGY   SPECI AL   PROCEDURES		0. 15537	73 209, 284	32, 517	54. 01
54. 02   05402   ULTRASOUND		0. 11170	315, 308	35, 223	54. 02
55. 00   05500 RADI OLOGY-THERAPEUTI C		0.00000	00	0	55. 00
55. 01 05501 COMPUTED TOMOGRAPHY		0. 05187	764, 542	39, 657	55. 01
57.00 05700 CT SCAN		0.00000		0	1
58. 00   05800   MRI		0.00000		Ō	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 00000		Ö	
60. 00   06000   LABORATORY		0. 15013			1
				l	1
60. 01   06001   BLOOD LABORATORY		0.00000		0	1
63. 00   06300   BLOOD STORING, PROCESSING & TRANS.		0. 03365			1
63. 01   06301   NUCLEAR   MEDICINE		0. 24002			1
65. 00 06500 RESPI RATORY THERAPY		0. 36676		245, 400	1
66. 00  06600  PHYSI CAL THERAPY		0. 75876	316, 889	240, 445	66. 00
67. 00  06700 OCCUPATI ONAL THERAPY		0. 25989	283, 439	73, 664	67. 00
68.00 06800 SPEECH PATHOLOGY		0. 30422	29 168, 443	51, 245	68. 00
69. 00 06900 ELECTROCARDI OLOGY		0. 09155	372, 989	34, 148	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 55332	25 0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 41122		368, 242	1
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 86066			1
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 14151		366, 322	1
76. 00 03020 PAIN CLINIC		0. 00000		0	1
76. 01 03950 ORTHOPEDI CS		0. 00000		Ö	1
76. 02   03140   CARDI OVASCULAR   SERVI CES		0. 13155			
					1
76. 03 03957 CARDI AC REHABI LI TATI ON		0. 37233			1
76. 04   03190   RADIATION ONCOLOGY		6. 19240		0	1
76. 05   03951   MRI		0. 08439			1
76. 06   03952   BARI ATRI C   CENTER		0.00000		0	
76. 07 03550 PSYCH ACTIVITY THERAPY		0.00000		1	1
76. 08   03953   WOUND CARE		0. 54793			1
76. 09 03954 RENAL DIALYSIS		0. 68995	55 0	0	1
76. 10   03955   I NFUSI ON		0. 27604	14 2, 386	659	76. 10
76. 11 03956 CARE TRANSITION CENTER		0. 37833		0	76. 11
76. 12 03958 ANTI COAGULATI ON CLINIC		1. 19210	05	0	76. 12
OUTPATIENT SERVICE COST CENTERS					1
88. 00 08800 RURAL HEALTH CLINIC		0.00000	00	0	88. 00
89. 00 08900 FEDERALLY QUALIFIED HEALTH CENTER		0. 00000		Ö	
90. 00   09000   CLI NI C		0. 00000		0	
90. 01   09001   OCC   HEALTH   CLI NI C		1. 54648		0	
		•		<b>l</b>	
90. 02   09002   CARDI OLOGY   CLI NI C		0.00000		0	
90. 03   09003   SPECIALTY   CLINIC		0.00000		0	
91. 00   09100   EMERGENCY		0. 20915		317, 279	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 91155		0	92. 00
200.00 Total (sum of lines 50 through 94 and	g ,		14, 492, 021	3, 197, 694	
201.00 Less PBP Clinic Laboratory Services-Pr	rogram only charges (line 61)	)	0		201. 00
202.00 Net charges (line 200 minus line 201)			14, 492, 021		202. 00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C		Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Pre	
		e XIX	Subprovi der -	7/29/2021 12: PPS	
Cost Center Description		Ratio of Cost	IPF Inpatient	Inpati ent	
		To Charges	Program Charges	Program Costs (col. 1 x col. 2)	
LARDATI ENT. DOUTINE OFFINIOE OCCT. OFFITEDO		1.00	2. 00	3. 00	
I NPATIENT ROUTINE SERVICE COST CENTERS  30. 00 03000 ADULTS & PEDIATRICS			0		30.00
31. 00   03100   I NTENSI VE CARE UNI T			0		31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT			0		35.00
40. 00   04000   SUBPROVI DER -   PF			8, 917, 859		40.00
43. 00   04300   NURSERY   ANCI LLARY SERVI CE COST CENTERS			0		43.00
50. 00   05000   OPERATING ROOM		0. 16737	1 0	0	50.00
50.01 05001 OPEN HEART SURGERY		0.00000	0	0	50. 0°
50. 02   05002   0UTPATI ENT   SURGERY		0. 90044		0	50. 02
51.00   05100   RECOVERY ROOM 53.00   05300   ANESTHESI OLOGY		0. 19985 0. 46174		0	51. 0
54. 00   05400   RADI OLOGY		0. 34466		0	54.0
54. 01   05401 RADI OLOGY SPECI AL PROCEDURES		0. 15537		0	54. 0
54. 02   05402   ULTRASOUND		0. 11170		0	54. 0
55. 00   05500   RADI OLOGY-THERAPEUTI C		0.00000		0	55.0
55.01  05501 COMPUTED TOMOGRAPHY 57.00  05700 CT SCAN		0. 05187		0 0	55. 0 57. 0
58. 00   05700  CT   SCAN		0.00000		0	58.0
59. 00   05900 CARDI AC CATHETERI ZATI ON		0.00000		ő	59. 0
60. 00   06000   LABORATORY		0. 15016	3 0	0	60.0
50. 01 06001 BLOOD LABORATORY		0.00000		0	60.0
63.00  06300 BLOOD STORING, PROCESSING & TRANS. 63.01  06301 NUCLEAR MEDICINE		0.03365		0	63. 0 63. 0
63.01  06301 NUCLEAR MEDICINE 65.00  06500 RESPIRATORY THERAPY		0. 24002 0. 36691		0	65.0
66. 00   06600 PHYSI CAL THERAPY		0. 75992		ő	66.0
67. 00 06700 OCCUPATI ONAL THERAPY		0. 25989	2 0	0	67.0
68.00 O6800 SPEECH PATHOLOGY		0. 30422			68. 0
69. 00  06900 ELECTROCARDI OLOGY 70. 00  07000 ELECTROENCEPHALOGRAPHY		0. 09155		0	69. 0 70. 0
71. 00   07000   ELECTROENCEPHALOGRAPHT		0. 55539 0. 41122		0	71.0
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 86066		0	72. 0
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 14151	6 0	0	73. 0
76. 00 03020 PAIN CLINIC		0.00000		0	76. 0
76. 01   03950   0RTHOPEDI CS		0.00000		0	76.0
76. 02   03140   CARDI OVASCULAR SERVI CES 76. 03   03957   CARDI AC REHABI LI TATI ON		0. 13205 0. 37233		0	
76. 04 03190 RADI ATI ON ONCOLOGY		6. 19240			
76. 05   03951   MRI		0. 08439		0	76. 0
76. 06 03952 BARI ATRI C CENTER		0.00000		0	76.0
76. 07   03550   PSYCH ACTIVITY THERAPY		0.00000		0	76.0
76. 08   03953   WOUND CARE 76. 09   03954   RENAL DIALYSIS		0. 54851 0. 68995		0	76. 0 76. 0
76. 10 03955 I NFUSI ON		0. 27637			76. 1
76. 11 03956 CARE TRANSITION CENTER		0. 37833			1
76. 12 03958 ANTI COAGULATI ON CLINIC		1. 21504		0	76. 1
OUTPATIENT SERVICE COST CENTERS		6 000==	-	-	00 -
18.00   08800   RURAL HEALTH CLINIC 19.00   08900   FEDERALLY QUALIFIED HEALTH CENTER		0. 00000 0. 00000		0	
20. 00 09000 CLINIC		0.00000		0	
90. 01 09001 0CC HEALTH CLINIC		1. 54648		Ö	1

0. 000000 1. 546487

0.000000

0.000000

0. 209207

0. 911555

1, 189

1, 275

90.01

90.02

90.03

91.00

92.00 0

201. 00 202. 00

273 200. 00

0

0

249

09001 OCC HEALTH CLINIC

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART

Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

90. 02 09002 CARDI OLOGY CLINIC

90. 03 09003 SPECIALTY CLINIC

91. 00 09100 EMERGENCY

90. 01

200.00

201. 00 202. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0004	From 01/01/2020	Worksheet E Part A Date/Time Prepared: 7/29/2021 12:48 pm

NATE A - I INPATEENT HOSPITAL SERVICES UNDER IPPS   1.00					7/29/2021 12:	48 pm
Next A - IMPATIBET MOSPITAL SERVICES UNDER IPPS   0   0   0.00			Title XVIII	Hospi tal	PPS	
Next A - IMPATIBET MOSPITAL SERVICES UNDER IPPS   0   0   0.00					1 00	
DBG Amounts other than Outlier payments for discharges occurring prior to October 1 (see   1.248 646   1.00   1.		PART A - INPATIENT HOSPITAL SERVICES LINDER LPPS			1.00	
DRS amounts other than outlier payments for discharges occurring prior to October 1 (see   11,248,646   1.01	1.00				0	1. 00
1.02   DNG amounts other than outlier payment for discharges occurring on or after October 1 (see   4,065,792   1.02		,	ing prior to October 1 (s	see	11, 248, 646	
Instructions						
1.03   1.03	1. 02	. ,	4, 065, 792	1. 02		
1 (see instructions)   1.04   OR For Federal space   1.04   Colour   1.04	4 00			4 00		
1.04   Oktober 1 (see Instructions)   2.00   Oktober 1 (see Instructions)   2.00   Oktober 1 (see Instructions)   2.00   Oktiler population amount to reconcil latitude amount (see Instructions)   2.00   Oktiler population amount (see Instructions)   2.00   Oktober 1 (see Instructions)   2.00   Oktiler population amount (see Instructions)   2.00   Oktiler population (see Instructions)   0.00   Okt	1.03		or discharges occurring p	orior to october	0	1.03
October 1 (see Instructions)	1 04		or discharges occurring o	on or after	0	1 04
2.01   Outlier reconciliation amount   0   2.01		1 1 3 1 3	o. a. coa. god coca		Ü	
2.02   2.03   Outlier payments for discharges cocurring prior to October 1 (see instructions)   2.70, 309   2.03     2.04   Outlier payments for discharges occurring on or after October 1 (see instructions)   24, 933   2.04     2.05   Outlier payments for discharges occurring on or after October 1 (see instructions)   24, 933   2.04     2.06   Outlier payments for discharges occurring on or after October 1 (see instructions)   7, 104, 203   2.03     2.07   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.08   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.09   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   160, 88     2.00   Outlier payments for discharges occurring period ending on or period october 1 (see instructions)   160, 80     2.00   Outlier payments for outlier 1 (see instructions)   160, 80     2.00   Outlier payments for outlier 1 (see instructions)   17, 100   17, 100     2.00   Outlier 1 (see instructions)   17, 100   17, 100   17, 100     2.00   Outlier 1 (see instructions)   17, 100   17, 100   17, 100     2.00   Outlier 1 (see instructions)   17, 100   17, 100   17, 100     2.00   Outlier 1 (see instructions)   17, 100   17, 100   17, 100   17, 100     2.00   Outlier 1 (see instructions)   18, 100   18, 100   19, 100   19, 100   19, 100   19, 100     2.00   Outlier 1 (see instructions)   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19, 100   19,	2.00					2. 00
201   Outlier payments for discharges occurring prior to October 1 (see instructions)   27,039   2.03   2.04   Outlier payments for discharges occurring on an after October 1 (see instructions)   24,933   2.04   2.04   Outlier payments for discharges occurring on an after October 1 (see instructions)   9.104,820   3.00   160,88   4.00   8 ded days, available divided by number of days in the cost reporting period (see instructions)   6.01   160,88	2.01	Outlier reconciliation amount			0	2. 01
24,93   2.04	2.02	Outlier payment for discharges for Model 4 BPCI (see instruct	i ons)		0	2. 02
Managed Care Simulated Payments   160,88   4.00   160   80   80   80   80   80   80   80						
Red days available divided by number of days in the cost reporting period (see instructions)   160.88   4.00			1 (see instructions)			
Indirect Medical Education Adjustment   5.00   Fiction for all opathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996, (see Instructions)   6.00   Fiction for all opathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)   7.00   MA Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(1)   1.72   7.00   7.01   7.01   7.01   7.01   7.02   7.01   7.02   7.02   7.02   7.03   7.03   7.03   7.04   7.03   7.03   7.04   7.03   7.04   7.03   7.03   7.04   7.03   7.03   7.03   7.04   7.03   7.04   7.03						
FIE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/19/96, (see instructions)	4.00		rting period (see instru	ctions)	160. 88	4.00
or before 12/31/1996, (see instructions)  or before 12/31/1996 (see instructions)  new programs in accordance with 42 CFR 413.79(e)  7.00 MAR Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) if the cost report straddles July 1, 2011 then see instructions and set opported in the cost for expert straddles July 1, 2011 then see instructions and of FR 50060 (August 1, 2002).  8.10 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, awarded FTE cap slots under \$5503 of the ACA if the cost report straddles July 1, 2011, see instructions awarded FTE cap slots under \$5503 of the ACA if the cost report straddles July 1, 2011, see instructions.  8.02 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.  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).  9.0 Sum of lines \$5 July 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see 4.39 9.00 intertructions).  10.00 Text cost for residents and costeopathic programs in the current year from your records.  11.00 TEX cost for residents and positive programs.  12.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the prior year.  13.00 Total all owable FTE count for the pri	г оо				/ 11	F 00
6.00   TTE count for all opathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)   7.00   MMA Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(v)(B)(1)   1.72   7.00   7.01   ACA \$5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(v)(B)(2) If the cost report straddies July 1, 2011 then see instructions.  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). 413.75(c)(2)(v). 64 FR 26340 (May 12, 1998), and 65 FR 50060 (August 1, 2002).  8.01   The amount of increase if the hospital was awarded FTE cap slots under \$503.00 fthe ACA. If the cost report straddles July 1, 2011, see instructions.  8.02   The amount of increase if the hospital was awarded FTE cap slots under \$503.00 fthe ACA. If the cost report straddles July 1, 2011, see instructions.  8.03   The amount of increase if the hospital was awarded FTE cap slots under \$503.00 fthe ACA. If the cost report straddles July 1, 2011, see instructions.  8.04   The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital control in the co	5.00		t recent cost reporting p	period ending on	6. 11	5.00
new programs   na accordance with 42 CFR 413. 79(e)   7.00   MA Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) if the 0.00   7.01   ACA \$5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) if the 0.00   7.01   ACA \$5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) if the 0.00   7.01   ACA \$5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2) if the 0.00   7.01   ACA \$5503 reduction amount to increase of the New York   7.01   7.	6 00	·	he criteria for an add-o	to the can for	0.00	6.00
7.00         MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(v)(8)(2) if the cost report straddles July 1, 2011 then see instructions.         0.00         1.00         0.00	0.00		ne criterra for all add-or	i to the cap for	0.00	0.00
ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(10)(8)(2) if the cost report straddles July 1, 2011 then see instructions.   Adjustment (Increase or decrease) to the FTE count for all lopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).   Adjustment (Increase) if The hospital was awarded FTE cap slots under § 5503 of the ACA If the cost report straddles July 1, 2011, see instructions.   Adjustment for crease if The hospital was awarded FTE cap slots where § 5503 of the ACA If the cost under § 5506 of ACA. (see instructions)   Adjustment for crease if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)   Adjustment for crease if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)   Adjustment for residents in dental and podiatric programs in the current year from your records   A. 40 in 0.00   Adjustment for residents in dental and podiatric programs.   A. 40 in 0.00   Adjustment for residents in dental and podiatric programs.   A. 40 in 0.00   Adjustment for residents in dental and podiatric programs.   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program   A. 40 in 0.00   Adjustment for residents in initial years of the program	7. 00	1 9	under 42 CFR §412.105(f)	(1) (i v) (B) (1)	1. 72	7. 00
cost report straddles July 1, 2011 then see instructions. 8. 00 All systemet (increase or decrease) to the FTE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b). 413.79(c)(2)(iv), 64 FR 26340 (Way 12, 1998), and 67 FR 50009 (August 1, 2002). 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. 9. 02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital 0. 00 8. 02 under § 5506 of ACA. (see instructions) 9. 00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see 4.39 9.00 instructions) 10. 00 FTE count for residents in dental and podiatric programs. 10. 00 FTE count for residents in dental and podiatric programs. 10. 00 Current year allowable FTE (see instructions) 11. 00 Total allowable FTE count for the penul timate year if that year ended on or after September 30, 1997, 7. 10 14. 00 Total all owable FTE count for the penul timate year if that year ended on a fter September 30, 1997, 7. 10 14. 00 Total allowable FTE count for the program 1. 10 14 10 14 10 14 14 10 14 14 14 15 15 15 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16						
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).						
1998 , and 67 FR 50069 (August 1, 2002).	8.00	Adjustment (increase or decrease) to the FTE count for allopa	thic and osteopathic pro	grams for	0.00	8. 00
8. 01   The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report stradies July 1, 2011, see instructions   2012, see		affiliated programs in accordance with 42 CFR 413.75(b), 413.	79(c)(2)(iv), 64 FR 26340	May 12,		
report straddles July 1, 2011, see instructions.		, , ,				
B. 02   The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)   Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see   1.39   9.00   1.00   FTE count for residents in dental and podiatric programs.   2.83   11.00   11.00   FTE count for residents in dental and podiatric programs.   2.83   11.00   12.00   12.00   12.00   12.00   13.0	8. 01		ots under § 5503 of the <i>i</i>	ACA. If the cost	0. 00	8. 01
under § 5506 of ACA. (see instructions) 9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see Instructions) 10.00 FTE count for all opathic and osteopathic programs in the current year from your records 4.40 10.00 12.00 Current year allowable FTE (see instructions) 12.00 Current year allowable FTE (see instructions) 13.00 Total allowable FTE count for the prior year. 14.00 Total allowable FTE count for the penul timate year if that year ended on or after September 30, 1997, 7.10 14.00 or therwise enter zero. 15.00 Sum of lines 12 through 14 divided by 3. 16.00 Adjustment for residents in initial years of the program 17.00 Adjustment for residents displaced by program or hospital closure 18.00 Adjusted rolling average FTE count 18.00 Adjusted rolling average FTE count 18.00 Prior year resident to bed ratio (see instructions) 18.00 Prior year resident to bed ratio (see instructions) 18.01 Enter the lesser of lines 19 or 20 (see instructions) 22.01 IME payment adjustment (see instructions) 23.00 IME payment adjustment (see instructions) 24.01 IME payment adjustment (see instructions) 25.00 IME payment adjustment for the Add-on for § 422 of the MMA 26.00 IME FTE Resident Count Over Cap (see instructions) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME fTE Resident Count Over Cap (see instructions) 28.00 IME add-on adjustment factor. (see instructions) 28.00 IME add-on adjustment factor. (see instructions) 28.01 IME payments adjustment factor. (see instructions) 28.01 IME payments adjustment factor. (see instructions) 29.02 IME payment sadjustment factor. (see instructions) 29.03 IME add-on adjustment amount (see instructions) 29.04 IME payments adjustment amount - Managed Care (see instructions) 29.05 IME add-on adjustment amount - Managed Care (see instructions) 29.00 IME add-on adjustment amount - Managed Care (see instructions) 29.01 Total IME payment - Managed Care (see instructions) 29.02 IME add-on adjustment amount - Managed Care (see instructions) 29						
9.00   Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see   4.39   9.00   10.00   FTE count for all opathic and osteopathic programs in the current year from your records   4.40   10.00   10.00   FTE count for residents in dental and podiatric programs.   7.22   12.00   13.00   Total all owable FTE (see instructions)   7.22   12.00   13.00   Total all owable FTE count for the prior year.   7.94   13.00   14.00   Total all owable FTE count for the penult imate year if that year ended on or after September 30, 1997, otherwise enter zero.   7.42   15.00   16.00   Mg us fines 12 through 14 divided by 3.   7.42   15.00   16.00   Mg us fines 12 through 14 divided by 3.   7.42   15.00   16.00   Mg us fines 16 residents in initial years of the program   0.00   16.00   16.00   Mg us thement for residents displaced by program or hospital closure   0.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   Mg us thement for resident displaced by program or hospital closure   0.00   17.00   Mg us thement for resident to be dratio (line 18 divided by line 4).   0.04121   19.00   Mg us thement for resident to bed ratio (see instructions)   0.040121   19.00   Mg us thement for lines 19 or 20 (see instructions)   0.040121   19.00   Mg us payment adjustment (see instructions)   0.040121   19.00   Mg payment adjustment - Managed Care (see instructions)   0.040121   19.00   Mg payment adjustment - Managed Care (see instructions)   0.040121   19.00   10.00   1	8. 02	·	ots from a closed teachil	ng nospitai	0.00	8. 02
Instructions	0 00		as (0 0 01 and 0 02) (	200	1 20	0 00
10.00   FTE count for allopathic and osteopathic programs in the current year from your records   1.00   1.00   FTE count for residents in dental and podiatric programs.   2.83   11.00   12.00   1	7.00		es (6, 6,01 and 6,02) (	see	4. 37	9.00
11.00   FTE count for residents in dental and podiatric programs.   2.83   11.00   12.00   12.00   12.00   13.00   10.01   13.00   13.00   10.00   13.00   10.00   13.00   1	10.00		ent vear from vour record	ds .	4.40	10.00
12.00   Current year allowable FTE (see instructions)   7.22   12.00			y y			
13.00   Total allowable FTE count for the prior year.   7,94   13.00   14.00   Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997,   7.10   14.00						
14.00						
15.00   Sum of lines 12 through 14 divided by 3.   7.42   15.00   16.00   Adjustment for residents in initial years of the program   0.00   16.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   18.00   Adjustment for residents displaced by program or hospital closure   7.42   18.00   18.00   Adjustment for line 2 dient to bed ratio (line 18 divided by line 4).   0.046121   19.00   19.00   Prior year resident to bed ratio (see instructions)   0.046121   19.00	14.00	, ,	ar ended on or after Sep	tember 30, 1997,	7. 10	14. 00
16. 00       Adj ustment for residents in initial years of the program       0.00       16. 00         17. 00       Adj ustment for residents displaced by program or hospital closure       0.00       17. 00         18. 00       Adj ustment for residents displaced by program or hospital closure       7. 42   18. 00         19. 00       Current year resident to bed ratio (line 18 divided by line 4).       0. 046121   19. 00         20. 00       Prior year resident to bed ratio (see instructions)       0. 049372   20. 00         21. 00       Inter the lesser of lines 19 or 20 (see instructions)       0. 049121   21. 00         22. 01       IME payment adj ustment (see instructions)       381,008   22. 00         22. 01       IME payment adj ustment - Managed Care (see instructions)       228,012   22. 01         10 Indirect Medical Education Adj ustment for the Add-on for § 422 of the MMA         23. 00       (f)(1)(iv)(C).       0. 00         24. 00       IME FTE Resident Count Over Cap (see instructions)       0. 01   24. 00         25. 00       If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0. 00         26. 00       Resident to bed ratio (divide line 25 by line 4)       0. 000000   26. 00         27. 00       IME payments adjustment factor. (see instructions)       0. 28. 00         28. 01       IME add-on adjustme		otherwise enter zero.	•			
17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   18.00   Adjusted rolling average FTE count   7.42   18.00   19.00   20.00	15.00	Sum of lines 12 through 14 divided by 3.			7.42	15. 00
18. 00       Adjusted rolling average FTE count       7. 42       18. 00         19. 00       Current year resident to bed ratio (line 18 divided by line 4).       0. 046121       19. 00         20. 00       Prior year resident to bed ratio (see instructions)       0. 049372       20. 00         21. 00       Enter the lesser of lines 19 or 20 (see instructions)       0. 046121       21. 00         22. 00       IME payment adjustment (see instructions)       381,008       22. 00         11 ME payment adjustment - Managed Care (see instructions)       228,012       20.         23. 00       Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105       0.00       23. 00         (f)(1)(iv)(C).       (f)(1)(iv)(C).       0.01       24. 00         25. 00       IME FTE Resident Count Over Cap (see instructions)       0. 01       24. 00         25. 00       If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0. 00       25. 00         26. 00       Resident to bed ratio (divide line 25 by line 4)       0. 000000       26. 00         27. 00       IME payments adjustment factor. (see instructions)       0. 000000       27. 00         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0. 28. 01         29. 01	16.00	Adjustment for residents in initial years of the program			0.00	16. 00
19.00       Current year resident to bed ratio (line 18 divided by line 4).       0.046121   19.00         20.00       Prior year resident to bed ratio (see instructions)       0.046321   20.00         21.00       Enter the lesser of lines 19 or 20 (see instructions)       381,008   22.00         22.01       IME payment adjustment (see instructions)       228,012   22.01         IME payment adjustment - Managed Care (see instructions)       228,012   22.01         Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA       0.00   23.00         23.00       (f)(1)(iv)(C).       0.00   23.00         24.00       IME FTE Resident Count Over Cap (see instructions)       0.01   24.00         25.00       IME for amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see   0.00   25.00         26.00       Resident to bed ratio (divide line 25 by line 4)       0.000000   26.00         27.00       IME payments adjustment factor. (see instructions)       0.000000   27.00         28.01       IME add-on adjustment amount (see instructions)       0.000000   27.00         28.01       IME add-on adjustment amount - Managed Care (see instructions)       0.28.01         29.01       Total IME payment (sum of lines 22 and 28)       381,008   29.00         29.01       Disproportionate Share Adjustment         30.00       Fercentage of	17.00	Adjustment for residents displaced by program or hospital clos	sure		0.00	17. 00
20.00   Prior year resident to bed ratio (see instructions)   0.049372   20.00   21.00   Enter the lesser of lines 19 or 20 (see instructions)   0.046121   21.00   22.00   IME payment adjustment (see instructions)   381,008   22.00   IME payment adjustment - Managed Care (see instructions)   228,012   22.01   Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA   22.00   IME payment adjustment adjustment for the Add-on for § 422 of the MMA   22.00   IME FTE Resident Count Over Cap (see instructions)   23.00   (f) (1) (iv) (C) .   24.00   IME FTE Resident Count Over Cap (see instructions)   0.01   24.00   25.00   If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see   0.00   25.00   IME payments adjustment factor. (see instructions)   0.000000   26.00   27.00   IME payments adjustment amount (see instructions)   0.000000   27.00   28.00   IME add-on adjustment amount - Managed Care (see instructions)   0.28.00   28.01   IME add-on adjustment amount - Managed Care (see instructions)   0.28.01   28.01   29.00   29.01   20.01   20.00	18.00	Adjusted rolling average FTE count				
21.00   Enter the lesser of lines 19 or 20 (see instructions)   0.046121   21.00   22.00   IME payment adjustment (see instructions)   381,008   22.00   22.01   IME payment adjustment - Managed Care (see instructions)   22.01   Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA   23.00   Imight of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f')(1)(iv)(c').   (lume of Additional allopathic and osteopathic IME payment sadius and osteopathic IME payment factor. (see instructions)   0.000   25.		,	).			
22.00 IME payment adjustment (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 228,012 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 25.00 IME payments adjustment factor. (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 29.00 IME add-on adjustment amount (see instructions) 20.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 23.01 and 28.01) 29.01 Total IME payment - Ma						
22.01 IME payment adjustment - Managed Care (see instructions)  228,012   22.01   Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00   Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105   0.00   23.00   (f)(1)(iv)(C).  24.00   IME FTE Resident Count Over Cap (see instructions)   0.01   24.00   25.00   If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see   0.00   25.00   instructions)  26.00   Resident to bed ratio (divide line 25 by line 4)   0.000000   27.00   IME payments adjustment factor. (see instructions)   0.000000   27.00   IME add-on adjustment amount (see instructions)   0.000000   28.00   IME add-on adjustment amount - Managed Care (see instructions)   0.28.01   29.00   Total IME payment (sum of lines 22 and 28)   381,008   29.00   29.01   Total IME payment - Managed Care (sum of lines 22.01 and 28.01)   29.01   Disproportionate Share Adjustment   22.01 and 28.01   22.01 and 28.01   23.00		·				
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  23.00  (f) (1) (iv) (C)  24.00  IME FTE Resident Count Over Cap (see instructions)  If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see  0.00  25.00  Instructions)  Resident to bed ratio (divide line 25 by line 4)  0.000000  26.00  IME payments adjustment factor. (see instructions)  IME add-on adjustment amount (see instructions)  IME add-on adjustment amount - Managed Care (see instructions)  IME add-on adjustment (sum of lines 22 and 28)  Total IME payment (sum of lines 22 and 28)  Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00  Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00  Percentage of Medicaid patient days (see instructions)  32.00  Allowable disproportionate share percentage (see instructions)  19.45  33.00						
23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.00 23.00 (f) (1) (iv) (C).  24.00 IME FTE Resident Count Over Cap (see instructions) 0.01 24.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 0.00 25.00 instructions)  26.00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00 IME payments adjustment factor. (see instructions) 0.000000 27.00 IME payments adjustment amount (see instructions) 0.28.00 IME add-on adjustment amount - Managed Care (see instructions) 0.28.01 IME add-on adjustment amount - Managed Care (see instructions) 0.28.01 Total IME payment (sum of lines 22 and 28) 381,008 29.00 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 228,012 29.01 Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 8.14 30.00 32.00 Sum of lines 30 and 31 36.65 32.00 33.00 Allowable disproportionate share percentage (see instructions) 19.45 33.00	22. 01				228, 012	22. 01
(f)(1)(iv)(C).  24.00 IME FTE Resident Count Over Cap (see instructions)  25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)  26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 IME payments adjustment factor. (see instructions)  28.00 IME add-on adjustment amount (see instructions)  28.01 IME add-on adjustment amount (see instructions)  29.00 IME add-on adjustment amount - Managed Care (see instructions)  29.00 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)  31.00 Allowable disproportionate share percentage (see instructions)  32.00 IME add-on adjustment amount - Managed Care (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)		,		-5 440 405		
24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME payments adjustment amount (see instructions) 28.00 IME add-on adjustment amount (see instructions) 29.00 IME add-on adjustment amount - Managed Care (see instructions) 29.00 IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.00 Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 30.00 Sum of lines 30 and 31 30.00 Allowable disproportionate share percentage (see instructions) 31.00 Allowable disproportionate share percentage (see instructions) 32.00 IME add-on adjustment amount - Managed Care (see instructions) 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 33.00 IME add-on adjustment amount (see instructions) 34.00 Allowable disproportionate share percentage (see instructions) 35.00 IME add-on adjustment amount (see instructions) 36.65 32.00	23.00	· · · · · · · · · · · · · · · · · · ·	ent cap slots under 42 Cl	-R 412.105	0.00	23.00
25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see  0.00 25.00 instructions)  Resident to bed ratio (divide line 25 by line 4)  0.000000 26.00  IME payments adjustment factor. (see instructions)  0.000000 27.00  IME add-on adjustment amount (see instructions)  0.000000 27.00  28.01 IME add-on adjustment amount - Managed Care (see instructions)  1 IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  30.00 Sum of lines 30 and 31  30.01 Allowable disproportionate share percentage (see instructions)  30.00 Allowable disproportionate share percentage (see instructions)  10.00 Condition 24 (see instructions)  0.000000 26.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000 27.00  0.000000  0.000000 27.00  0.000000  0.000000  0.000000  0.000000	24 00				0.01	24.00
instructions			lower of line 22 or line	24 (600		
26. 00       Resident to bed ratio (divide line 25 by line 4)       0.000000       26. 00         27. 00       IME payments adjustment factor. (see instructions)       0.000000       27. 00         28. 00       IME add-on adjustment amount (see instructions)       0       28. 00         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0       28. 01         29. 00       Total IME payment (sum of lines 22 and 28)       381, 008       29. 00         29. 01       Disproportionate Share Adjustment       228, 012       29. 01         30. 00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       8. 14       30. 00         31. 00       Percentage of Medicaid patient days (see instructions)       28. 51       31. 00         32. 00       Sum of lines 30 and 31       36. 65       32. 00         33. 00       Allowable disproportionate share percentage (see instructions)       19. 45       33. 00	25.00		Tower of Title 23 of Title	24 (366	0.00	25.00
27. 00       IME payments adjustment factor. (see instructions)       0.000000       27. 00         28. 00       IME add-on adjustment amount (see instructions)       0 28. 00         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0 28. 01         29. 00       Total IME payment (sum of lines 22 and 28)       381, 008       29. 00         29. 01       Disproportionate Share Adjustment       228, 012       29. 01         30. 00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       8. 14       30. 00         31. 00       Percentage of Medicaid patient days (see instructions)       28. 51       31. 00         32. 00       Sum of lines 30 and 31       36. 65       32. 00         33. 00       Allowable disproportionate share percentage (see instructions)       19. 45       33. 00	26 00				0.000000	26 00
28.00 IME add-on adjustment amount (see instructions)  28.01 IME add-on adjustment amount - Managed Care (see instructions)  29.00 Total IME payment (sum of lines 22 and 28)  29.01 Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  30.00 Percentage of Medicaid patient days (see instructions)  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)						
28.01       IME add-on adjustment amount - Managed Care (see instructions)       0       28.01         29.00       Total IME payment (sum of lines 22 and 28)       381,008       29.00         70.01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       228,012       29.01         10.02       Disproportionate Share Adjustment       8.14       30.00         31.00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       8.14       30.00         32.00       Sum of lines 30 and 31       36.65       32.00         33.00       Allowable disproportionate share percentage (see instructions)       19.45       33.00						1
29. 00       Total IME payment ( sum of lines 22 and 28)       381,008       29. 00         29. 01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       228,012       29. 01         30. 00       Disproportionate Share Adjustment       8. 14       30. 00         31. 00       Percentage of SSI recipient patient days (see instructions)       8. 14       30. 00         32. 00       Sum of lines 30 and 31       36. 65       32. 00         33. 00       Allowable disproportionate share percentage (see instructions)       19. 45       33. 00		l e e e e e e e e e e e e e e e e e e e	)			
29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  29.01  29.01  30.00  8.14  30.00  31.00  32.00  31.00  32.00  33.00  33.00			•		381, 008	
Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  32.00 Allowable disproportionate share percentage (see instructions)  33.00 Description of the state of the stat			1)			
30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  8.14 30.00  28.51 31.00  31.00 32.00  31.00 Allowable disproportionate share percentage (see instructions)  19.45 33.00		· ·				
31.00Percentage of Medicaid patient days (see instructions)28.5131.0032.00Sum of lines 30 and 3136.6532.0033.00Allowable disproportionate share percentage (see instructions)19.4533.00	30.00		atient days (see instruc	tions)	8. 14	30. 00
33.00 Allowable disproportionate share percentage (see instructions)  19.45 33.00	31.00				28. 51	31.00
	32.00	Sum of lines 30 and 31			36. 65	32. 00
34.00  Disproportionate share adjustment (see instructions) 744,665 34.00			)		19. 45	33. 00
	34.00	Disproportionate share adjustment (see instructions)			744, 665	34.00

Heal th	Financial Systems FRANCISCAN HEAL	TH HAMMOND	In lie	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0004	Peri od:	Worksheet E	2002 10
			From 01/01/2020 To 12/31/2020	Part A Date/Time Pre	narod:
			10 12/31/2020	7/29/2021 12:	48 pm
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1 1.00	0n/After 10/1 2.00	
	Uncompensated Care Adjustment		1.00	2.00	
35. 00	Total uncompensated care amount (see instructions)		8, 350, 599, 096	8, 290, 014, 521	35. 00
35. 01	Factor 3 (see instructions)		0. 000356170		
35. 02	Hospital uncompensated care payment (If line 34 is zero, ent instructions)	er zero on this line) (se	e 2, 974, 235	3, 004, 544	35. 02
35. 03	Pro rata share of the hospital uncompensated care payment am	ount (see instructions)	2, 226, 613	757, 310	35. 03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.	03)	2, 983, 923		36. 00
40.00	Additional payment for high percentage of ESRD beneficiary d				40.00
40. 00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, instructions)	684 and 685. (see	2, 344		40. 00
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682,	683, 684 an 685. (see	368		41. 00
	instructions)				
41. 01	Total ESRD Medicare covered and paid discharges excluding MS an 685. (see instructions)	-DRGs 652, 682, 683, 684	368		41. 01
42. 00	Divide line 41 by line 40 (if less than 10%, you do not qual	ify for adjustment)	15. 70		42. 00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 6	<i>y</i> ,			43. 00
	instructions)		4 400455		
44. 00	Ratio of average length of stay to one week (line 43 divided days)	by line 41 divided by /	1. 100155		44. 00
45. 00	Average weekly cost for dialysis treatments (see instruction	s)	447. 81		45. 00
46.00	Total additional payment (line 45 times line 44 times line 4	1. 01)	181, 299		46. 00
47. 00	Subtotal (see instructions)		19, 927, 305		47. 00
48. 00	Hospital specific payments (to be completed by SCH and MDH, only. (see instructions)	smail rurai nospitais	0		48. 00
	join y. (See Tristi detrois)			Amount	
				1. 00	
49. 00	Total payment for inpatient operating costs (see instruction	· ·		20, 155, 317	
50. 00 51. 00	Payment for inpatient program capital (from Wkst. L, Pt. I a Exception payment for inpatient program capital (Wkst. L, Pt			1, 364, 000 0	50. 00 51. 00
52. 00	Direct graduate medical education payment (from Wkst. E-4, I			147, 256	
53.00	Nursing and Allied Health Managed Care payment			168, 515	
54.00	Special add-on payments for new technologies			46, 506	1
54. 01 55. 00	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	69)		0	
56. 00	Cost of physicians' services in a teaching hospital (see int	•		0	56.00
57. 00	Routine service other pass through costs (from Wkst. D, Pt.		hrough 35).	0	57. 00
58. 00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 11 line 200)		152, 292	
59. 00 60. 00	Total (sum of amounts on lines 49 through 58) Primary payer payments			22, 033, 886 58, 785	
61. 00	Total amount payable for program beneficiaries (line 59 minu	s line 60)		21, 975, 101	
62. 00	Deductibles billed to program beneficiaries			1, 339, 844	
63.00	Coinsurance billed to program beneficiaries			177, 056	1
65.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			886, 524 576, 241	1
66. 00	Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		519, 985	
67. 00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	·		21, 034, 442	67. 00
68. 00	Credits received from manufacturers for replaced devices for	• •		0	
69. 00 70. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96) OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	. (For SCH see Instruction	S)	0	1
70. 50	Rural Community Hospital Demonstration Project (§410A Demons	tration) adjustment (see	instructions)	0	
70. 87	Demonstration payment adjustment amount before sequestration	, ,	-,	0	70. 87
70. 88	SCH or MDH volume decrease adjustment (contractor use only)	±±!>		0	
70. 89 70. 90	Pioneer ACO demonstration payment adjustment amount (see ins HSP bonus payment HVBP adjustment amount (see instructions)	tructions)		0	70. 89 70. 90
70. 90 70. 91	HSP bonus payment HRR adjustment amount (see instructions)			0	
70. 92	Bundled Model 1 discount amount (see instructions)			0	1
70. 93	HVBP payment adjustment amount (see instructions)			-46, 680	1
70. 94	HRR adjustment amount (see instructions) Recovery of accelerated depreciation			-94, 524 0	1
10.73	Incorrectly of accelerated depreciation			0	1 /0. 73

Health Financial Systems FRANCISCAN	HEALTH HAMMOND		In Lie	u of Form CMS-:	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der C	CCN: 15-0004	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Pre 7/29/2021 12:	
	Ti tl e	e XVIII	Hospi tal	PPS	
<u> </u>		FFY	(yyyy)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (En			0	0	70. 96

				7/29/2021 12:	48 pm
	Titl∈	XVIII	Hospi tal	PPS	
		FFY	(yyyy)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (Enter	in column 0		0	0	70. 96
the corresponding federal year for the period prior to 10/1					
70.97 Low volume adjustment for federal fiscal year (yyyy) (Enter			0	0	70. 97
the corresponding federal year for the period ending on or	after 10/1)				
70.98 Low Volume Payment-3				0	70. 98
70.99   HAC adjustment amount (see instructions)				214, 246	70. 99
71.00 Amount due provider (line 67 minus lines 68 plus/minus line	s 69 & 70)			20, 678, 992	71.00
71.01   Sequestration adjustment (see instructions)				136, 481	71. 01
71.02 Demonstration payment adjustment amount after sequestration				0	71. 02
71. 03   Sequestration adjustment-PARHM pass-throughs					71. 03
72.00 Interim payments				19, 339, 961	1
72.01 Interim payments-PARHM				17,007,701	72. 01
73.00 Tentative settlement (for contractor use only)				0	1
73. 01   Tentative settlement-PARHM (for contractor use only)				U	73. 00
,	00 70 and			1 202 550	1
74.00 Balance due provider/program (line 71 minus lines 71.01, 71	. 02, 72, and			1, 202, 550	74. 00
73)					
74.01 Balance due provider/program-PARHM (see instructions)					74. 01
75.00 Protested amounts (nonallowable cost report items) in accor	dance with			1, 138, 960	75. 00
CMS Pub. 15-2, chapter 1, §115.2					
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or su	m of 2.03			0	90.00
plus 2.04 (see instructions)					
91.00   Capital outlier from Wkst. L, Pt. I, line 2				0	91.00
92.00 Operating outlier reconciliation adjustment amount (see ins	tructions)			0	92.00
93.00 Capital outlier reconciliation adjustment amount (see instr				0	93. 00
94.00 The rate used to calculate the time value of money (see ins	,			0.00	
95.00 Time value of money for operating expenses (see instruction				0	1
96.00 Time value of money for capital related expenses (see instruction				0	1
70. 00 Thine varies of money for capital ferated expenses (see thisti	uctions)	1	D : 1 10/1		70.00
			Prior to 10/1		
HSD Ronus Payment Amount			1.00	2.00	
HSP Bonus Payment Amount			1. 00	2. 00	100.00
100.00 HSP bonus amount (see instructions)				2. 00	100. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			1.00	2.00	
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions)			1. 00 0 0. 0000000000	2.00 0 0.0000000000	101. 00
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100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment  101.00 HVBP adjustment factor (see instructions)  102.00 HVBP adjustment amount for HSP bonus payment (see instructions) HRR Adjustment for HSP Bonus Payment	ons)		1. 00 0 0. 0000000000 0	2.00 0 0.0000000000 0	101. 00 102. 00
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100.00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101.00 HVBP adjustment factor (see instructions)  102.00 HVBP adjustment amount for HSP bonus payment (see instructions)  103.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment amount for HSP bonus payment (see instructions)  200.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement	ns) stration) Adju period under t		1. 00 0 0. 0000000000 0	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00
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100.00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101.00 HVBP adjustment factor (see instructions)  102.00 HVBP adjustment amount for HSP bonus payment (see instructions)  103.00 HRR Adjustment for HSP Bonus Payment  103.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment amount for HSP bonus payment (see instructions)  104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I 202.00 Medicare discharges (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period)  204.00 Medicare target amount  205.00 Case-mix adjusted target amount (line 203 times line 204)  206.00 Medicare inpatient routine cost cap (line 202 times line 204 Adjustment to Medicare Part A Inpatient Reimbursement  207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions)	ns) stration) Adju period under t ine 49) in first year 5) structions)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
100.00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101.00 HVBP adjustment factor (see instructions)  102.00 HVBP adjustment amount for HSP bonus payment (see instructions)  103.00 HRR Adjustment for HSP Bonus Payment  103.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I Medicare discharges (see instructions)  203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period)  204.00 Medicare target amount  205.00 Case-mix adjusted target amount (line 203 times line 204)  206.00 Medicare inpatient routine cost cap (line 202 times line 204)  207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions)  200.00 Reserved for future use	ns) stration) Adju period under t  ine 49)  in first year  5)  structions) A, line 59)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions) 211.00 Total adjustment to Medicare IPPS payments (see instructions)	ns) stration) Adju period under t  ine 49)  in first year  5)  structions) A, line 59)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions) 211.00 Total adjustment to Medicare IPPS payments (see instructions)	ns) stration) Adju period under t  ine 49)  in first year  5)  structions) A, line 59)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
100.00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101.00 HVBP adjustment factor (see instructions)  102.00 HVBP adjustment amount for HSP bonus payment (see instructions)  103.00 HRR Adjustment for HSP Bonus Payment  103.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment factor (see instructions)  104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement  201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I Medicare discharges (see instructions)  203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period)  204.00 Medicare target amount  205.00 Case-mix adjusted target amount (line 203 times line 204)  206.00 Medicare inpatient routine cost cap (line 202 times line 204)  207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions)  200.00 Reserved for future use	ns) stration) Adju period under t  ine 49)  in first year  5)  structions) A, line 59)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A Inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use 211.00 Total adjustment to Medicare IPPS payments (see instruction Comparision of PPS versus Cost Reimbursement	ns) stration) Adju period under t  ine 49)  in first year  5)  structions) A, line 59)	he 21st	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.ration	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions) 204.00 Medicare arget amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use 211.00 Total adjustment to Medicare Part A IPPS payments (see instruction Comparision of PPS versus Cost Reimbursement 212.00 Total adjustment to Medicare Part A IPPS payments (from line 204) 213.00 Low-volume adjustment (see instructions)	ns) stration) Adju period under t  ine 49)  in first year  5) structions) A, line 59) s)	of the currer	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demon 200.00 Is this the first year of the current 5-year demonstration Century Cures Act? Enter "Y" for yes or "N" for no.  Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, I 202.00 Medicare discharges (see instructions) 203.00 Case-mix adjustment factor (see instructions)  Computation of Demonstration Target Amount Limitation (N/A period) 204.00 Medicare target amount 205.00 Case-mix adjusted target amount (line 203 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 206.00 Medicare inpatient routine cost cap (line 202 times line 204) 207.00 Program reimbursement under the §410A Demonstration (see in 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. 209.00 Adjustment to Medicare IPPS payments (see instructions) 210.00 Reserved for future use 211.00 Total adjustment to Medicare IPPS payments (see instruction Comparision of PPS versus Cost Reimbursement	ns) stration) Adju period under t  ine 49)  in first year  5) structions) A, line 59) s)	of the currer	1. 00 0. 0000000000 0 0. 00000	2.00 0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00

Provider CCN: 15-0004

1. 01 Di pa oc	IRG amounts other than outlier ayments IRG amounts other than outlier ayments for discharges IRG amounts other than outlier ayments for discharges IRG amounts other than outlier ayments for discharges IRG for Federal specific IRG for Federal specific IRG for Federal for Model 4	W/S E, Part A line 0 1.00 1.01 1.02	Amounts (from E, Part A) 1.00 0 11,248,646 4,065,792	Pre/Post Entitlement 2.00		Hospi tal Peri od On/After 10/01 4.00 0	PPS Total (Col 2 through 4) 5.00 0	1. 00
1. 01 Di pa oci pi	ayments IRG amounts other than outlier ayments for discharges accurring prior to October 1 IRG amounts other than outlier ayments for discharges accurring on or after October IRG for Federal specific	1 i ne 0 1.00 1.01	E, Part A) 1.00 0 11,248,646	Entitlement 2.00	to 10/01 3.00	0n/After 10/01 4.00	through 4) 5.00	1.00
1. 01 Di pa oc	ayments IRG amounts other than outlier ayments for discharges accurring prior to October 1 IRG amounts other than outlier ayments for discharges accurring on or after October IRG for Federal specific	0 1. 00 1. 01	1. 00 0 11, 248, 646	2.00	3.00	4. 00	5. 00	1. 00
1. 01 Di pa oc	ayments IRG amounts other than outlier ayments for discharges accurring prior to October 1 IRG amounts other than outlier ayments for discharges accurring on or after October IRG for Federal specific	1. 01	11, 248, 646	_		0	0	1. 00
1. 01 DI pa or	PRG amounts other than outlier payments for discharges procurring prior to October 1 procured amounts other than outlier payments for discharges procurring on or after October procurring of the procurring of th			0	11 248 646			
1. 02 DF pa oc oc 1 1 1. 03 DF pa	RG amounts other than outlier ayments for discharges occurring on or after October	1. 02	4, 065, 792		11, 240, 040		11, 248, 646	1. 01
1. 03 DF OF BF OC 1. 04 DF	RG for Federal specific			0		4, 065, 792	4, 065, 792	1. 02
1. 04 DF	PCI occurring prior to	1. 03	0	0	0		O	1. 03
Bi	october 1 IRG for Federal specific perating payment for Model 4 IPCI occurring on or after	1. 04	0	0		0	0	1. 04
2. 00 0	october 1 Outlier payments for Discharges (see instructions)	2. 00						2. 00
2. 01 0	lutlier payments for lischarges for Model 4 BPCI	2. 02	0	0	0	0	0	2. 01
2. 02 Ou	utlier payments for lischarges occurring prior to october 1 (see instructions)	2. 03	297, 039	0	297, 039		297, 039	2. 02
2. 03 Ou di	utlier payments for discharges occurring on or fter October 1 (see nstructions)	2. 04	24, 933	0		24, 933	24, 933	2. 03
3.00 0	perating outlier econciliation	2. 01	0	0	0	0	0	3. 00
4.00 Ma	lanaged care simulated ayments	3. 00	9, 164, 820	0	6, 671, 378	2, 493, 442	9, 164, 820	4. 00
	ndirect Medical Education Adju							
	mount from Worksheet E, Part , line 21 (see instructions)	21. 00	0. 046121	0. 046121	0. 046121	0. 046121		5. 00
6.00	ME payment adjustment (see nstructions)	22. 00	381, 008	0	279, 855	101, 153	381, 008	6. 00
6. 01 I I	ME payment adjustment for anaged care (see	22. 01	228, 012	0	165, 978	62, 034	228, 012	6. 01
	nstructions) ndirect Medical Education Adju	ustment for the	Add-on for Se	ction 422 of t	L he MMA			
7.00	ME payment adjustment factor see instructions)	27. 00	0. 000000			0. 000000		7. 00
8.00	ME adjustment (see nstructions)	28. 00	0	0	0	0	0	8. 00
8. 01 II	ME payment adjustment add on or managed care (see nstructions)	28. 01	0	0	o	O	O	8. 01
9. 00 To	otal IME payment (sum of ines 6 and 8)	29. 00	381, 008	0	279, 855	101, 153	381, 008	9. 00
9. 01 To	otal IME payment for managed are (sum of lines 6.01 and 3.01)	29. 01	228, 012	0	165, 978	62, 034	228, 012	9. 01
Di	isproportionate Share Adjustme							
sl	Ilowable disproportionate hare percentage (see nstructions)	33. 00	0. 1945	0. 1945	0. 1945	0. 1945		10. 00
11. 00 Di	isproportionate share djustment (see instructions)	34. 00	744, 665	0	546, 966	197, 699	744, 665	11. 00
11. 01 Ur	ncompensated care payments dditional payment for high per	36.00 centage of ESR	2, 983, 923 RD beneficiary		3, 399, 919	747, 622	4, 147, 541	11. 01
12. 00 To	otal ESRD additional payment	46. 00	181, 299		135, 727	45, 572	181, 299	12. 00
13. 00 Su 14. 00 Ho (c)	see instructions)  ubtotal (see instructions)  lospital specific payments  completed by SCH and MDH,  mall rural hospitals only.)	47. 00 48. 00	19, 927, 305 0	0	14, 744, 534 0	5, 182, 771 0	19, 927, 305 0	13. 00 14. 00
15. 00 To	see instructions) otal payment for inpatient perating costs (see	49. 00	20, 155, 317	0	14, 910, 512	5, 244, 805	20, 155, 317	15. 00
16. 00 Pa	nstructions) Payment for inpatient program Papital (from Wkst. L, Pt. I, f applicable)	50. 00	1, 364, 000	0	1, 017, 229	346, 771	1, 364, 000	16. 00

					-	From 01/01/2020 To 12/31/2020	Part A Exhibit Date/Time Pre 7/29/2021 12:	pared:
				Title	XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3. 00	4. 00	5. 00	
17.00	Special add-on payments for	54.00	46, 506	0	(	46, 506	46, 506	17. 00
17. 01 17. 02	new technologies Net organ aquisition cost Credits received from manufacturers for replaced	68. 00	0	0	(	0	0	17. 01 17. 02
18. 00	devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)		0	0	(	0	0	18. 00
19.00	SUBTOTAL			0	15, 927, 74°	5, 638, 082	21, 565, 823	19. 00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3. 00	4. 00	5. 00	
20.00	Capital DRG other than outlier	1. 00	1, 182, 931	0	874, 472	2 308, 459	1, 182, 931	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0	(	0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	51, 065	0	46, 652	2 4, 413	51, 065	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0	(	0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0329	0. 0329	0. 0329	0. 0329		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	38, 918	0	28, 770	10, 148	38, 918	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0770	0. 0770	0. 0770	0. 0770		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	91, 086	0	67, 33!	23, 751	91, 086	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	1, 364, 000	0	1, 017, 229	346, 771	1, 364, 000	26. 00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1. 00	2.00	3. 00	4. 00	5. 00	
27. 00	Low volume adjustment factor				0. 000000	0. 000000		27. 00
28. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			(	0	0	28. 00
29. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100. 00

From 01/01/2020 Part A Exhibit 5 Date/Time Prepared: 12/31/2020 7/29/2021 12:48 pm Hospi tal Title XVIII PPS Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on Wkst. E, Pt. 10/01 A. line after 10/01 and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1. 00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 11, 248, 646 11, 248, 646 11, 248, 646 1.01 discharges occurring prior to October 1 DRG amounts other than outlier payments for 1.02 1.02 4, 065, 792 4, 065, 792 4, 065, 792 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 C 1.03 0 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 2.01 **BPCI** 2 02 Outlier payments for discharges occurring 2 03 297, 039 297 039 297, 039 2 02 prior to October 1 (see instructions) 2.03 Outlier payments for discharges occurring on 2.04 24, 933 24, 933 24, 933 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 3.00 Managed care simulated payments 9, 164, 820 6, 671, 378 2, 493, 442 9, 164, 820 4.00 3.00 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.046121 0.046121 0.046121 5.00 (see instructions) IME payment adjustment (see instructions) 6.00 22.00 381,008 279, 855 101, 153 381,008 6.00 165, 978 228, 012 IME payment adjustment for managed care (see 6.01 22.01 228, 012 62,034 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0.000000 0.000000 0.000000 7.00 instructions) 8 00 IME adjustment (see instructions) 28 00 8 00 0 0 0 8.01 IME payment adjustment add on for managed 28.01 0 0 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 29.00 9.00 381,008 279, 855 101, 153 381,008 9.00 Total IME payment for managed care (sum of 62, 034 9.01 29.01 228, 012 165, 978 228, 012 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment Allowable disproportionate share percentage 10.00 33.00 0.1945 0.1945 0.1945 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 744.665 546, 966 197.699 744.665 11.00 instructions) 11.01 2, 983, 923 2, 983, 923 Uncompensated care payments 36 00 2, 226, 613 757, 310 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46. 00 181, 299 135, 727 45, 572 181, 299 12.00 instructions) 47.00 19, 927, 305 13 00 Subtotal (see instructions) 14, 734, 846 5, 192, 459 19, 927, 305 13 00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 49.00 20, 155, 317 14, 900, 824 5, 254, 493 20, 155, 317 15.00 15.00 (see instructions) 16.00 Payment for inpatient program capital (from 50 00 1, 364, 000 1, 017, 229 1, 364, 000 16.00 346, 771 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 46, 506 46, 506 46, 506 17.00 0 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 68.00 0 17.02 17.02 C 0 0 replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 C 18.00 0 amount (see instructions)

15, 918, 053

5, 647, 770

21, 565, 823

19.00

**SUBTOTAL** 

19.00

Health Financial Systems	FRANCI SCAN HEALT	In Lieu of Form CMS-2552-10		
HOSPITAL ACQUIRED CONDITION (HAC)	REDUCTION CALCULATION EXHIBIT 5	Provi der CCN: 15-0004		Worksheet E Part A Exhi bi t 5 Date/Ti me Prepared: 7/29/2021 12:48 pm

					From 01/01/2020 To 12/31/2020		pared:
				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	1, 182, 931	874, 47	2 308, 459	1, 182, 931	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0		0	0	20. 01
21.00	Capital DRG outlier payments	2.00	51, 065	46, 65	2 4, 413	51, 065	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0		0 0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0329	0. 032	9 0. 0329		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	38, 918	28, 77	0 10, 148	38, 918	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0770	0. 077	0. 0770		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	91, 086	67, 33	5 23, 751	91, 086	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	1, 364, 000	1, 017, 22	9 346, 771	1, 364, 000	26. 00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1. 00	2, 00	3. 00	4. 00	
27. 00		Ü	11.00	2.00	0.00	11.00	27. 00
28. 00	Low volume adjustment prior to October 1	70. 96	0		0	0	
29. 00	Low volume adjustment on or after October 1	70. 97	0		0	o o	1
30.00	HVBP payment adjustment (see instructions)	70. 93	-46, 680	-12, 25	1 -34, 429	-46, 680	
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0	12,20	0 0	0	1
31. 00	HRR adjustment (see instructions)	70. 94	-94, 524	-68, 61	7 -25, 907	-94, 524	31.00
31. 01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	30, 01	0 0	0	1
						(Amt. to Wkst. E, Pt. A)	
		0	1. 00	2.00	3. 00	4. 00	
32. 00	HAC Reduction Program adjustment (see instructions)	70. 99		158, 37	2 55, 874	214, 246	32. 00
100.00	Transfer HAC Reduction Program adjustment to	1	Υ	1			100.00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0004	Peri od: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/29/2021 12:48 pm

		Title XVIII	Hospi tal	7/29/2021 12: PPS	48 pm
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			1, 518	
2.00	Medical and other services reimbursed under OPPS (see instruct	i ons)		23, 598, 399	
3. 00 4. 00	OPPS payments Outlier payment (see instructions)			18, 088, 326 9, 101	3. 00 4. 00
4. 01	Outlier reconciliation amount (see instructions)			0	1
5.00	Enter the hospital specific payment to cost ratio (see instruc	tions)		0. 000	
6.00	Line 2 times line 5			0	
7. 00 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	1
9. 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. I	V col 13 line 200		345, 649	1
10. 00	Organ acqui si ti ons	1, 661. 16, 111.6 256		0	ı
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			1, 518	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				-
12. 00	Reasonable charges Ancillary service charges			10, 724	12. 00
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Ii	ne 69)		0	1
14.00	Total reasonable charges (sum of lines 12 and 13)	·		10, 724	14. 00
15 00	Customary charges			0	1 1 5 00
15. 00 16. 00	Aggregate amount actually collected from patients liable for p Amounts that would have been realized from patients liable for	3	•	0	
10.00	had such payment been made in accordance with 42 CFR §413.13(e	. 3	i a chargebasi s		10.00
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	
	Total customary charges (see instructions)			10, 724	1
19. 00	Excess of customary charges over reasonable cost (complete onlinstructions)	y if line 18 exceeds li	ne 11) (see	9, 206	19. 00
20. 00	Excess of reasonable cost over customary charges (complete onl	v if line 11 exceeds li	ne 18) (see	0	20. 00
	instructions)	<b>,</b>	, (		
	Lesser of cost or charges (see instructions)			1, 518	1
	Interns and residents (see instructions)	rusti ons)		0	
24. 00	Cost of physicians' services in a teaching hospital (see instr Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	uctions)		18, 443, 076	
2 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			10/ 110/ 070	2 00
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions	•		0	
26. 00	Deductibles and Coinsurance amounts relating to amount on line			3, 461, 178	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) prinstructions)	olus the sum of lines 22	and 23] (see	14, 983, 416	27. 00
28. 00	Direct graduate medical education payments (from Wkst. E-4, li	ne 50)		136, 243	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)	•		0	ı
	Subtotal (sum of lines 27 through 29)			15, 119, 659	
31.00	Primary payer payments Subtotal (line 30 minus line 31)			1, 423 15, 118, 236	
32.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	ES)		15, 110, 230	32.00
33. 00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33. 00
	Allowable bad debts (see instructions)			531, 867	
	Adjusted reimbursable bad debts (see instructions)	queti encl		345, 714 292, 549	
	Allowable bad debts for dual eligible beneficiaries (see instr Subtotal (see instructions)	uctions)		15, 463, 950	
	MSP-LCC reconciliation amount from PS&R			-25	
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39. 50	Pioneer ACO demonstration payment adjustment (see instructions	5)			39. 50
39. 97 39. 98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for replace	end devices (see instruc	tions)	0	
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	devices (see mistruc	11 0113)	0	1
40.00	Subtotal (see instructions)			15, 463, 975	
40. 01	Sequestration adjustment (see instructions)			102, 062	1
40. 02	Demonstration payment adjustment amount after sequestration			0	1
	Sequestration adjustment-PARHM pass-throughs Interim payments			14, 804, 881	40. 03 41. 00
41. 01	Interim payments-PARHM			1 17 00 17 00 1	41. 01
	Tentative settlement (for contractors use only)			0	1
42. 01	Tentative settlement-PARHM (for contractor use only)			FF7 022	42. 01
43. 00 43. 01	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)			557, 032	43. 00 43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordan	ice with CMS Pub. 15-2,	chapter 1,	0	ı
	§115. 2		<u> </u>		
00.00	TO BE COMPLETED BY CONTRACTOR			-	00.00
90. 00 91. 00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money			0.00	
93. 00	Time Value of Money (see instructions)			0	1
94. 00	Total (sum of lines 91 and 93)			0	94. 00

Health Financial Systems FRANCI	SCAN HEALTH HAMMOND In	ieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0004 Period: From 01/01/20	Worksheet E
		20 Date/Time Prepared:
	Title XVIII Subprovider	7/29/2021 12: 48 pm - PPS

	little XVIII   Subprovider -   IPF	PPS	
		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES	1.00	
1.00	Medical and other services (see instructions)	5	1. 00
2.00	Medical and other services reimbursed under OPPS (see instructions)	5, 525	2. 00
3. 00 4. 00	OPPS payments Outlier payment (see instructions)	5, 491	3. 00 4. 00
4. 00	Outlier reconciliation amount (see instructions)		4. 00
5. 00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5. 00
6.00	Line 2 times line 5	0	6. 00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8. 00 9. 00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	119	8. 00 9. 00
10. 00	Organ acqui si ti ons	0	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)	5	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES		
12. 00	Reasonable charges Ancillary service charges	35	12. 00
13. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13. 00
14. 00		35	14. 00
15. 00	Customary charges  Aggregate amount actually collected from patients liable for payment for services on a charge basis	T 0	15. 00
16. 00	Amounts that would have been realized from patients liable for payment for services on a chargebasis		16. 00
	had such payment been made in accordance with 42 CFR §413.13(e)		
17. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)	1	
18. 00 19. 00	Total customary charges (see instructions)  Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see	35	
17.00	instructions)		
20. 00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see	0	20. 00
21. 00	instructions) Lesser of cost or charges (see instructions)	5	21. 00
22. 00	Interns and residents (see instructions)		22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	5, 610	24. 00
25. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT  Deductibles and coinsurance amounts (for CAH, see instructions)	1 0	25. 00
26. 00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	723	26. 00
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see	4, 892	27. 00
28. 00	instructions) Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)		29. 00
30.00	Subtotal (sum of lines 27 through 29)	4, 892	30. 00
31. 00	Primary payer payments	0	31.00
32. 00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	4, 892	32. 00
33. 00		0	33. 00
	Allowable bad debts (see instructions)	0	34.00
35. 00	Adjusted reimbursable bad debts (see instructions)	0 0	35. 00 36. 00
	Allowable bad debts for dual eligible beneficiaries (see instructions) Subtotal (see instructions)	1 1	
	MSP-LCC reconciliation amount from PS&R		38. 00
39. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	
39. 50 39. 97	Pioneer ACO demonstration payment adjustment (see instructions)  Demonstration payment adjustment amount before sequestration	0	39. 50 39. 97
39. 97 39. 98	Partial or full credits received from manufacturers for replaced devices (see instructions)		39. 97 39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	0	39. 99
40. 00	Subtotal (see instructions)	4, 892	
40. 01	Sequestration adjustment (see instructions)  Demonstration payment adjustment amount after sequestration	32	40. 01
40. 02 40. 03	Sequestration payment adjustment amount after sequestration	١	40. 02 40. 03
41. 00	Interim payments	4, 730	41. 00
41. 01	Interim payments-PARHM		41. 01
42. 00 42. 01	Tentative settlement (for contractors use only) Tentative settlement-PARHM (for contractor use only)	0	42. 00 42. 01
42.01	Balance due provider/program (see instructions)	130	42.01
43. 01	Balance due provider/program-PARHM (see instructions)		43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	0	44. 00
	§115. 2 TO BE COMPLETED BY CONTRACTOR		
90. 00	Original outlier amount (see instructions)	0	90. 00
91. 00	Outlier reconciliation adjustment amount (see instructions)	0	
	The rate used to calculate the Time Value of Money	1	92.00
93. 00 94. 00	Time Value of Money (see instructions) Total (sum of lines 91 and 93)		93. 00 94. 00
		1	

| Peri od: | Worksheet E-1 | From 01/01/2020 | Part I | | To | 12/31/2020 | Date/Time Prepared: | 7/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/40/10001 | 12/ Provider CCN: 15-0004

				10 12/31/2020	7/29/2021 12: 4	
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	I	1. 00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		19, 242, 16		14, 804, 881	1.00
2.00	Interim payments payable on individual bills, either		1	ס	0	2. 00
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					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	09/14/2020	97, 80		0	3. 01
3. 02				0	0	3. 02
3.03				O O	0	3. 03
3.04					0	3. 04
3. 05	Dravi dan ta Dragnam			0	0	3. 05
3. 50	Provider to Program ADJUSTMENTS TO PROGRAM		1		0	3. 50
3. 51	ADSUST MIENTS TO TROURAIN				0	3. 51
3. 52					ő	3. 52
3. 53					o	3. 53
3.54				o l	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		97, 80	o	0	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		19, 339, 96	1	14, 804, 881	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
5.00	desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider			<b>'</b>		
5. 01	TENTATI VE TO PROVI DER		(	D	0	5. 01
5.02				D	0	5. 02
5.03			(	O .	0	5. 03
	Provi der to Program			-1	_	
5. 50	TENTATIVE TO PROGRAM				0	5. 50
5. 51 5. 52					0	5. 51 5. 52
5. 52 5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines				0	5. 52 5. 99
5. 77	5. 50-5. 98)		'		٥	5. 77
6. 00	Determined net settlement amount (balance due) based on					6. 00
0.00	the cost report. (1)					0.00
6. 01	SETTLEMENT TO PROVIDER		1, 202, 550	o	557, 032	6. 01
6.02	SETTLEMENT TO PROGRAM			o l	0	6. 02
7.00	Total Medicare program liability (see instructions)		20, 542, 51	1	15, 361, 913	7. 00
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
8. 00	Name of Contractor		)	1. 00	2. 00	8. 00
0.00	INAILE OF COTTE ACTOR			1		0.00

Provider CCN: 15-0004 Component CCN: 15-S004

		Title	XVIII	Subprovider -	PPS	
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2. 00	3. 00	4. 00	
1.00	Total interim payments paid to provider		447, 85		4, 730	1. 00
2.00	Interim payments payable on individual bills, either		(	0	0	2. 00
	submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					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)					
2 01	Program to Provider					2 01
3. 01 3. 02	ADJUSTMENTS TO PROVIDER			0	0	3. 01 3. 02
3. 02				0		3. 02
3. 04				Ö	Ö	3. 04
3. 05				O	0	3. 05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM			0	0	3. 50
3. 51				0	0	3. 51
3. 52 3. 53				0	0	3. 52 3. 53
3. 54				0		3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		447, 85	0	4, 730	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropriate) TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after			1		5. 00
3.00	desk review. Also show date of each payment. If none,					3. 00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER			0	0	5. 01
5. 02 5. 03				0	0	5. 02 5. 03
5.05	Provider to Program			<u> </u>	U	5. 03
5. 50	TENTATI VE TO PROGRAM			0	0	5. 50
5. 51				0	0	5. 51
5. 52			(	0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		(	0	0	5. 99
6. 00	5.50-5.98) Determined net settlement amount (balance due) based on					6. 00
6.00	the cost report. (1)					6.00
6. 01	SETTLEMENT TO PROVIDER		35, 76	9	130	6. 01
6.02	SETTLEMENT TO PROGRAM			0	o	6. 02
7. 00	Total Medicare program liability (see instructions)		483, 61		4, 860	7. 00
				Contractor	NPR Date	
			)	Number 1.00	(Mo/Day/Yr) 2.00	
8. 00	Name of Contractor		)	1.00	2.00	8. 00
5.00	1. 25.76. 45.61			ı	ı	5. 00

Heal th	Financial Systems FRANCISCAN HEALT	TH HAMMOND	In Lie	u of Form CMS-	2552-10
CALCUL	From 01/01/2020 To 12/31/2020				pared:
	Title XVIII Hospital				
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12				
3.00	3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				
4.00	4.00 Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12				
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5. 00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 l	ine 20			6. 00
7. 00	CAH only - The reasonable cost incurred for the purchase of c line 168	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
8.00	Calculation of the HIT incentive payment (see instructions)				8. 00
9.00	Sequestration adjustment amount (see instructions)				9. 00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	,			
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31.00
22 00	22.00 Polymon due providen (line 10 (on line 10) minus line 20 and line 21) (one instructions)				

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

30. 00 31. 00 32. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0004	Peri od: From 01/01/2020	Worksheet E-3
	Component CCN: 15-S004		Date/Ti me Prepared: 7/29/2021 12:48 pm
	Title XVIII	Subprovi der -	PPS
		I PF	

	I PF		
	DIST. H. MEDI GADE DADT A CEDIM GEO. LDE DEC	1.00	
1 00	PART II - MEDICARE PART A SERVICES - IPF PPS  Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	F77 240	1 00
1.00		577, 269 0	1. 00
2. 00 3. 00	Net IPF PPS Outlier Payments Net IPF PPS ECT Payments	0	2. 00 3. 00
4. 00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November	0.00	4. 00
4.00	15, 2004. (see instructions)	0.00	4.00
4. 01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by	0.00	4. 01
	program or hospital closure, that would not be counted without a temporary cap adjustment under 42	1	
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new	0.00	6.00
	teaching program" (see instuctions)		
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new	0.00	7.00
	teaching program" (see instuctions)		
8. 00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8. 00
9. 00	Average Daily Census (see instructions)	21. 472678	
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0. 000000	
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	577, 269	
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15. 00 16. 00	Cost of physicians' services in a teaching hospital (see instructions)	577, 269	
17. 00	Subtotal (see instructions) Primary payer payments	577, 269	16.00
18. 00	Subtotal (line 16 less line 17).	577, 269	
19. 00	Deductibles	95, 744	
20. 00	Subtotal (line 18 minus line 19)	481, 525	
21. 00	Coi nsurance	30, 624	
22. 00	Subtotal (line 20 minus line 21)	450, 901	
23. 00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	52, 412	
24. 00	Adjusted reimbursable bad debts (see instructions)	34, 068	
25. 00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5, 291	
26. 00	Subtotal (sum of lines 22 and 24)	484, 969	
27. 00	Direct graduate medical education payments (see instructions)	0	27. 00
28. 00	Other pass through costs (see instructions)	1, 863	
29. 00	Outlier payments reconciliation	0	29. 00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30. 50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30. 50
30. 99	Demonstration payment adjustment amount before sequestration	0	30. 99
31.00	Total amount payable to the provider (see instructions)	486, 832	31.00
31. 01	Sequestration adjustment (see instructions)	3, 213	31.01
31. 02	Demonstration payment adjustment amount after sequestration	0	31. 02
32.00	Interim payments	447, 850	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	35, 769	
35. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1,	0	35. 00
	§115. 2		
	TO BE COMPLETED BY CONTRACTOR	_	
50.00		0	
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money		52.00
ეკ. 00	Time Value of Money (see instructions)	ΟĮ	53. 00

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0004	From 01/01/2020	Worksheet E-3 Part VII Date/Time Prepared:

			lo 12/31/2020	Date/lime Pre   7/29/2021 12:	
		Title XIX	Hospi tal	Cost	то рііі
			Inpatient	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	RVICES FOR TITLES V OR XI)	SERVI CES		
	COMPUTATION OF NET COST OF COVERED SERVICES				1
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4. 00
5.00	Inpatient primary payer payments		0		5. 00
6.00	Outpatient primary payer payments			0	6. 00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8. 00
9.00	Ancillary service charges		14, 492, 021	50, 068, 190	
10. 00	Organ acquisition charges, net of revenue		0		10.00
11. 00	Incentive from target amount computation		0		11. 00
12. 00	Total reasonable charges (sum of lines 8 through 11)		14, 492, 021	50, 068, 190	12.00
40.00	CUSTOMARY CHARGES	<del></del>	1		
13. 00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13. 00
14.00	basis			0	14 00
14. 00	Amounts that would have been realized from patients liable for a charge basis had such payment been made in accordance with		0	0	14. 00
15. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)	12 CFR 9413. 13(e)	0.000000	0. 000000	15. 00
16. 00	Total customary charges (see instructions)		14, 492, 021	50, 068, 190	1
17. 00	Excess of customary charges over reasonable cost (complete onl	v if line 16 exceeds	14, 492, 021	50, 068, 190	1
17.00	line 4) (see instructions)	y 11 1111c 10 exceeds	14, 472, 021	30, 000, 170	17.00
18. 00	Excess of reasonable cost over customary charges (complete onl	vifline 4 exceeds line	0	0	18. 00
	16) (see instructions)	,			
19.00	Interns and Residents (see instructions)		0	0	19. 00
20.00	Cost of physicians' services in a teaching hospital (see instr	ructions)	0	0	20. 00
21. 00	Cost of covered services (enter the lesser of line 4 or line 1	16)	0	0	21. 00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	completed for PPS provide	ers.		
22. 00	Other than outlier payments		0	0	22. 00
	Outlier payments		0	0	23. 00
	1 3 1 1 3		0		24. 00
	Capital exception payments (see instructions)		0		25. 00
26. 00	Routine and Ancillary service other pass through costs		0	0	
27. 00	Subtotal (sum of lines 22 through 26)		0	0	
28. 00	Customary charges (title V or XIX PPS covered services only)		0	0	
29. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00
20.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT				00.00
30.00	Excess of reasonable cost (from line 18)		0	0	
31. 00			0	0	
32. 00 33. 00	Deducti bl es Coi nsurance		0	0	
			0	0	
34.00	Utilization review		0	U	34. 00 35. 00
36. 00		1 22)	0	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	1 33)	0	0	
	Subtotal (line 36 ± line 37)		0	0	38. 00
	Direct graduate medical education payments (from Wkst. E-4)		0	O	39.00
	Total amount payable to the provider (sum of lines 38 and 39)		0	0	1
41. 00	Interim payments		0	0	
42. 00	Balance due provider/program (line 40 minus line 41)		o	0	
43. 00	Protested amounts (nonallowable cost report items) in accordan	nce with CMS Pub 15-2.	o	0	1
	chapter 1, §115.2				
			. '		

Health Financial Systems	FRANCISCAN HEALTH HAMMOND	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0004	Peri od: From 01/01/2020	Worksheet E-3
	Component CCN: 15-S004		
	Title XIX	Subprovi der -	PPS
		I PF	

		I PF		
		Inpati ent	Outpati ent	
		1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX	SERVI CES		
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2. 00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4. 00
5.00	Inpatient primary payer payments	0		5. 00
6.00	Outpatient primary payer payments		0	6. 00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonabl e Charges			
8.00	Routi ne servi ce charges	0		8. 00
9.00	Ancillary service charges	1, 275	0	9.00
10.00	Organ acquisition charges, net of revenue	o		10.00
11. 00	Incentive from target amount computation	o		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1, 275	0	12.00
	CUSTOMARY CHARGES			
13. 00	Amount actually collected from patients liable for payment for services on a charge	0	0	13.00
	basis			
14.00	Amounts that would have been realized from patients liable for payment for services on	0	0	14.00
	a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15. 00
16. 00	Total customary charges (see instructions)	1, 275	0	16.00
17. 00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds	1, 275	0	17.00
	line 4) (see instructions)			
18. 00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line	0	0	18.00
	16) (see instructions)			
19. 00	Interns and Residents (see instructions)	0	0	19.00
20. 00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21. 00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21. 00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS provide	rs.		
	Other than outlier payments	0	0	
23. 00	Outlier payments	0	0	23. 00
24. 00	Program capital payments	0		24. 00
25. 00	Capital exception payments (see instructions)	0		25. 00
	Routine and Ancillary service other pass through costs	6	0	
	Subtotal (sum of lines 22 through 26)	6	0	
28. 00	Customary charges (title V or XIX PPS covered services only)	0	0	28. 00
29. 00	Titles V or XIX (sum of lines 21 and 27)	6	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30. 00	Excess of reasonable cost (from line 18)	0	0	
31. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	6	0	31.00
32.00	Deducti bl es	0	0	32.00
33. 00	Coi nsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35. 00	Utilization review	0		35.00
36. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	6	0	36.00
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38. 00	Subtotal (line 36 ± line 37)	6	0	38.00
		o		39.00
	Direct graduate medical education payments (from Wkst. E-4)			1
40.00	Total amount payable to the provider (sum of lines 38 and 39)	6	0	40.00
		6	0	
41. 00	Total amount payable to the provider (sum of lines 38 and 39) Interim payments	6		41.00
41. 00 42. 00	Total amount payable to the provider (sum of lines 38 and 39)	-	0	41. 00 42. 00

	Financial Systems FRANCISCAN HEALT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provider C	CN: 15_0004	Peri od:	u of Form CMS-2 Worksheet E-4	2002-1
	L EDUCATION COSTS	Provider C	CN: 15-0004	From 01/01/2020 To 12/31/2020	Date/Time Pre	
		Title	xVIII	Hospi tal	7/29/2021 12: 4 PPS	48 pm
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1.00	
. 00	Unweighted resident FTE count for allopathic and osteopathic ending on or before December 31, 1996.	programs for	cost reporti	ng periods	6. 11	1.0
. 00	Unweighted FTE resident cap add-on for new programs per 42 CF	0. 00	2. 0			
. 00	Amount of reduction to Direct GME cap under section 422 of MM		. 6440 70 ( )	,	1. 75	3.0
. 01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	WITH 42 CFR	( §413.79 (m).	(see	0. 00	3. 0
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)		programs due	to a Medicare	0. 00	4. 0
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see inst	ructions for	cost reporti	ng peri ods	0. 00	4. 0
. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slot	s (see inst	ructions for	cost reporting	0. 00	4. 0
5. 00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 pl	ue or minue	lino 4 nlue l	inos 4 01 and	4. 36	5. 00
. 00	4.02 plus applicable subscripts		•		4. 30	3.00
. 00	Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	programs for	the current	year from your	4. 40	6. 00
7. 00	Enter the lesser of line 5 or line 6				4. 36	7. 00
			Pri mary Care		Total	
. 00	Weighted FTE count for physicians in an allopathic and osteop	athi c	1.00	2.00	3. 00	8. 0
	program for the current year.					
. 00	If line 6 is less than 5 enter the amount from line 8, otherw multiply line 8 times the result of line 5 divided by the amo		0.0	00 4.36	4. 36	9. 0
0. 00	6. Weighted dental and podiatric resident FTE count for the curr	ent year		2. 83		10.0
0. 01	Unweighted dental and podiatric resident FTE count for the cu	rrent year		0.00		10.0
1. 00 2. 00	Total weighted FTE count Total weighted resident FTE count for the prior cost reportin	g vear (see	0.0			11. 0 12. 0
	instructions)					12.0
3. 00	Total weighted resident FTE count for the penultimate cost re year (see instructions)	porti ng	0.0	7. 03		13. 0
4. 00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	0.0	7. 38		14.0
5.00	Adjustment for residents in initial years of new programs		0.0			15.0
5. 01 6. 00	Unweighted adjustment for residents in initial years of new p Adjustment for residents displaced by program or hospital clo		0.0			15. 0 16. 0
6. 01	Unweighted adjustment for residents displaced by program or h		0.0			16. 0
7. 00	closure Adjusted rolling average FTE count		0.0	7. 38		17. 0
8. 00	Per resident amount		92, 699. 7			18.0
9. 00	Approved amount for resident costs			0 647, 806	647, 806	19. 0
					1. 00	
0. 00	Additional unweighted allopathic and osteopathic direct GME F	TE resident	cap slots red	eived under 42		20. 0
1. 00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instru	ctions)			0. 04	21. 0
2. 00	Allowable additional direct GME FTE Resident Count (see instru				0.00	
3. 00	Enter the locality adjustment national average per resident a	mount (see i	nstructions)		0. 00	
4. 00 5. 00	Multiply line 22 time line 23 Total direct GME amount (sum of lines 19 and 24)				0 647, 806	24. 0 25. 0
3.00	Total direct own amount (sum of fiftes 17 and 24)		Inpatient Par	t Managed Care	Total	23.0
			1. 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD		1.00	2.00	3.00	
6. 00	Inpatient Days (see instructions) (Title XIX - see S-2 Part I 3.02, column 2)	X, line	8, 43	5, 747		26. 0
7.00	Total Inpatient Days (see instructions)		31, 47			27. 0
8. 00	Ratio of inpatient days to total inpatient days Program direct GME amount		0. 26783 173, 50		291, 778	28. 0 29. 0
9. 01	Percent reduction for MA DGME			7. 00	2,1,,70	29. 0
30.00	Reduction for direct GME payments for Medicare Advantage			8, 279	8, 279	
1.00	Net Program direct GME amount		1		283, 499	31.0

Heal th	Financial Systems FRANCISCAN HEALT	TH HAMMOND	Inlie	u of Form CMS-2	2552-10
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 15-0004	Peri od:	Worksheet E-4	1002 10
	MEDICAL EDUCATION COSTS From 01/01/2020 To 12/31/2020 I				
		Title XVIII	Hospi tal	PPS	
				1. 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITL EDUCATION COSTS)	E XVIII ONLY (NURSING SC	HOOL AND PARAMEDI	CAL	
32. 00	Renal dialysis direct medical education costs (from Wkst. B, and 94)	Pt. I, sum of col. 20 an	d 23, lines 74	0	32. 00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt.	I, col. 8, sum of lines	74 and 94)	0	33. 00
34.00	Ratio of direct medical education costs to total charges (lin	e 32 ÷ line 33)		0.000000	34. 00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35. 00
36.00	Medicare outpatient ESRD direct medical education costs (line			0	36. 00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY			
	Part A Reasonable Cost				
37. 00				25, 941, 643	
38. 00				0	38. 00
	Cost of physicians' services in a teaching hospital (see inst	ructions)		0	39. 00
	Primary payer payments (see instructions)			58, 785	
41. 00	Total Part A reasonable cost (sum of lines 37 through 39 minu	s line 40)		25, 882, 858	41. 00
	Part B Reasonable Cost				
42.00				23, 951, 215	
43. 00	Primary payer payments (see instructions)			4, 281	
	Total Part B reasonable cost (line 42 minus line 43)			23, 946, 934	
	Total reasonable cost (sum of lines 41 and 44)	44 11 45		49, 829, 792	
	Ratio of Part A reasonable cost to total reasonable cost (lin			0. 519425	
47.00	Ratio of Part B reasonable cost to total reasonable cost (lin			0. 480575	47. 00
40.00	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PA	KI B		202 400	40 00
	Total program GME payment (line 31)	( !+t!)		283, 499	
	Part A Medicare GME payment (line 46 x 48) (title XVIII only)			147, 256	
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only)	(See Thistructions)		136, 243	30.00

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

Provider CCN: 15-0004

oni y)					7/29/2021 12:	48 pm
		General Fund	Speci fi c	Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-86, 284		0	0	
2.00	Temporary investments	38, 765, 735		-	1	
3. 00 4. 00	Notes recei vabl e Accounts recei vabl e	26, 650, 280		,	0	
5. 00	Other receivable	19, 912, 099			0	
6. 00	Allowances for uncollectible notes and accounts receivable	-6, 809, 162	1	o o	Ö	
7.00	Inventory	5, 269, 783	1	0	0	
8.00	Prepai d expenses	0	) (	0	0	
9. 00	Other current assets	0	) (	0	0	
10.00	Due from other funds	0		1	0	1
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	83, 702, 451		0	0	11. 00
12. 00	Land	5, 547, 620	) (	) 0	0	12. 00
13. 00	Land improvements	3, 655, 975			1	
14.00	Accumul ated depreciation	O		0	0	
15.00	Bui I di ngs	44, 408, 071	(	0	0	15. 00
16. 00	Accumulated depreciation	0	) (	1	0	1
17. 00	Leasehold improvements	117, 879		0	0	
18.00	Accumulated depreciation	0		0	0	
19. 00 20. 00	Fixed equipment Accumulated depreciation				0	
21. 00	Automobiles and trucks				0	
22. 00	Accumulated depreciation			1	Ö	
23. 00	Major movable equipment	168, 758, 513	3	0	0	
24. 00	Accumul ated depreciation	-172, 434, 451	(	0	0	24. 00
25. 00	Mi nor equi pment depreciable	0	) (	0	0	
26. 00	Accumul ated depreciation	0		0	0	
27. 00	HIT designated Assets	0		0	0	
28. 00 29. 00	Accumulated depreciation Minor equipment-nondepreciable			1	0	
30. 00	Total fixed assets (sum of lines 12-29)	50, 053, 607	1	1		
00.00	OTHER ASSETS	00,000,007		,		00.00
31.00	Investments	C	) (	0	0	31. 00
32.00	Deposits on Leases	0	) (	0		
33. 00	Due from owners/officers	0	0	1	0	1
34. 00	Other assets	1, 447, 432		,	0	1
35. 00 36. 00	Total other assets (sum of lines 31-34)	1, 447, 432 135, 203, 490	1	,	0	
30.00	Total assets (sum of lines 11, 30, and 35)  CURRENT LIABILITIES	133, 203, 490	ή	)  0		30.00
37. 00	Accounts payable	8, 391, 274	l c	0	0	37. 00
38. 00	Salaries, wages, and fees payable	14, 672, 048		0	l	
39.00	Payroll taxes payable	0	) (	0	0	39. 00
40.00	Notes and Loans payable (short term)	0	) (	0	0	
41. 00	Deferred income	0	) (	0	0	
42. 00	Accel erated payments	40 454 217	)			42. 00
43. 00 44. 00	Due to other funds Other current liabilities	48, 454, 217 1, 446, 189	1		0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	72, 963, 728	1	-		
101.00	LONG TERM LIABILITIES	12,700,720	,			1 .0. 00
46.00	Mortgage payable	C	) (	0	0	46. 00
47. 00	Notes payable	C	) (	0	0	47. 00
48. 00	Unsecured Loans	0		-	1	
49. 00	Other long term liabilities	-77, 476, 742		-	0	1
50. 00 51. 00	Total long term liabilities (sum of lines 46 thru 49) Total liabilities (sum of lines 45 and 50)	-77, 476, 742 -4, 513, 014	1			
51.00	CAPITAL ACCOUNTS	-4, 513, 014	rj C	<u>,                                     </u>	0	31.00
52. 00	General fund balance	139, 716, 504	ı			52. 00
53.00	Specific purpose fund					53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55. 00	Donor created - endowment fund balance - unrestricted			0		55. 00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58. 00
59. 00	Total fund balances (sum of lines 52 thru 58)	139, 716, 504		0	0	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	135, 203, 490		o o	ő	
	59)					

STATEMENT OF CHANGES IN FUND BALANCES

sheet (line 11 minus line 18)

Provider CCN: 15-0004

Peri od: Worksheet G-1 From 01/01/2020 To 12/31/2020 Date/Time Pre

Date/Time Prepared: 7/29/2021 12:48 pm General Fund Special Purpose Fund Endowment Fund 1.00 3.00 4. 00 5. 00 2 00 1.00 Fund balances at beginning of period 377, 285, 061 0 1.00 2.00 Net income (loss) (from Wkst. G-3, line 29) 79, 359, 413 2.00 3.00 Total (sum of line 1 and line 2) 456, 644, 474 0 3.00 4.00 Additions (credit adjustments) (specify) 0 4.00 0 5.00 0 0 0 0 0 5.00 6.00 6.00 0 7.00 0 7.00 0 8.00 0 8.00 0 9.00 0 9.00 10.00 Total additions (sum of line 4-9) 10.00 Subtotal (line 3 plus line 10) 456, 644, 474 0 11.00 11.00 12.00 EQUITY TRANSFERS 316, 927, 970 0 12.00 13.00 13.00 14.00 0 0 14.00 0 0 15.00 0 15.00 0 16.00 0 16.00 17.00 17.00 316, 927, 970 18.00 Total deductions (sum of lines 12-17) 18.00 Fund balance at end of period per balance 139, 716, 504 19.00 19.00 sheet (line 11 minus line 18) Endowment Fund Plant Fund 7. 00 8.00 6. 00 1.00 Fund balances at beginning of period 0 0 1.00 Net income (loss) (from Wkst. G-3, line 29) 2.00 2.00 Total (sum of line 1 and line 2) 3.00 0 0 3.00 4.00 Additions (credit adjustments) (specify) 4.00 5.00 0 5.00 0 6.00 6.00 7.00 0 7 00 8.00 0 8.00 9.00 9.00 10.00 Total additions (sum of line 4-9) 0 0 10.00 11.00 0 Subtotal (line 3 plus line 10) 0 11.00 12.00 EQUITY TRANSFERS 12.00 13.00 13.00 14.00 0 14.00 0 15.00 15.00 16.00 16.00 17.00 17.00 Total deductions (sum of lines 12-17) 18.00 18.00 0 0 0 19.00 Fund balance at end of period per balance 19.00

Health Financial Systems FATTEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0004

			To	12/31/2020	Date/Time Pre 7/29/2021 12:	
	Cost Center Description	Inpatien	+	Outpati ent	Total	46 pili
	South Season Per on	1.00		2. 00	3. 00	
	PART I - PATIENT REVENUES	1,00	I	2.00	0.00	
	General Inpatient Routine Services					
1.00	Hospi tal	43, 262,	895		43, 262, 895	1.00
2.00	SUBPROVI DER - I PF	17, 964	105		17, 964, 105	2. 00
3.00	SUBPROVI DER - I RF					3. 00
4.00	SUBPROVI DER	İ				4. 00
5.00	Swing bed - SNF	İ	0		0	5. 00
6.00	Swing bed - NF	İ	0		0	6. 00
7.00	SKILLED NURSING FACILITY		0		0	7. 00
8.00	NURSING FACILITY	İ	0		0	8. 00
9.00	OTHER LONG TERM CARE	İ				9. 00
10.00	Total general inpatient care services (sum of lines 1-9)	61, 227,	000		61, 227, 000	10.00
	Intensive Care Type Inpatient Hospital Services	<u> </u>		•		
11.00	INTENSIVE CARE UNIT	12, 592,	559		12, 592, 559	11. 00
12.00	CORONARY CARE UNIT					12.00
13.00	BURN INTENSIVE CARE UNIT					13. 00
14.00	SURGICAL INTENSIVE CARE UNIT					14. 00
15.00	NEWBORN INTENSIVE CARE UNIT	2, 281,	313		2, 281, 313	15. 00
16.00	Total intensive care type inpatient hospital services (sum of I	i nes 14, 873,	872		14, 873, 872	16. 00
	11-15)					
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	76, 100,	872		76, 100, 872	17. 00
18.00	Ancillary services	173, 136,	516	0	173, 136, 516	18. 00
19.00	Outpati ent servi ces		0	471, 770, 855	471, 770, 855	19. 00
20.00	RURAL HEALTH CLINIC		0	0	0	20. 00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	21. 00
22. 00	HOME HEALTH AGENCY			21, 900, 460	21, 900, 460	
23. 00	AMBULANCE SERVICES					23. 00
24. 00	CMHC			0	0	24. 00
24. 10	CORF		0	0	0	24. 10
25. 00	AMBULATORY SURGICAL CENTER (D. P. )					25. 00
26.00	HOSPI CE					26. 00
27. 00	NON REIMBURSABLE COST CENTERS		0	749, 457	749, 457	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 t	o Wkst. 249, 237,	388	494, 420, 772	743, 658, 160	28. 00
	G-3, line 1)					
	PART II - OPERATING EXPENSES		-			
29. 00	Operating expenses (per Wkst. A, column 3, line 200)			204, 834, 987		29. 00
30.00	ADD (SPECIFY)		0			30.00
31. 00			0			31.00
32.00			0			32.00
33. 00			0			33. 00
34. 00			0			34. 00
35. 00	T-+-1		0			35. 00
36.00	Total additions (sum of lines 30-35)		2.4	0		36.00
37. 00	ROUNDI NG		24			37. 00
38. 00						38. 00
39. 00 40. 00			0			39. 00 40. 00
			0			
41. 00 42. 00	Total deductions (sum of lines 27 41)		U	2.4		41. 00 42. 00
42.00	Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)	(transfer		24 204, 834, 963		42.00
43.00	to Wkst. G-3, line 4)	(transfer		204, 034, 903		43.00
	10 m/30. 0-3, 11116 4)	I		I		I

	Financial Systems	FRANCISCAN HEALTH HAMM			u of Form CMS-2	
STATEM	ENT OF REVENUES AND EXPENSES	Provi	der CCN: 15-0004	Peri od: From 01/01/2020	Worksheet G-3	
				To 12/31/2020	Date/Time Pre	pared:
					7/29/2021 12:	
				,	1. 00	
1.00	Total patient revenues (from Wkst. G-2, Par				743, 658, 160	
2.00	Less contractual allowances and discounts of	n patients' accounts			483, 561, 984	2.00
3.00	Net patient revenues (line 1 minus line 2)				260, 096, 176	
4.00	Less total operating expenses (from Wkst. G				204, 834, 963	
5.00	Net income from service to patients (line 3	minus line 4)			55, 261, 213	5.00
6. 00	OTHER INCOME Contributions, donations, bequests, etc			1	155, 043	6.00
7. 00	Income from investments				155, 045	7.00
7. 00 8. 00	Revenues from telephone and other miscelland	cous communication sorvice	205		0	8.00
9. 00	Revenue from television and radio service	eous communication service	Les		0	9.00
	Purchase di scounts				797, 491	10.00
	Rebates and refunds of expenses				797, 491	
	Parking Lot receipts				0	12.00
	Revenue from Laundry and Linen service				0	13.00
	Revenue from meals sold to employees and que	osts			347, 909	
	Revenue from rental of living quarters	6515			347, 909	15. 00
	Revenue from sale of medical and surgical si	unnline to other than nat	tionte		0	16. 00
	Revenue from sale of drugs to other than pa		ii eiits		0	
	Revenue from sale of medical records and about				0	18.00
	Tuition (fees, sale of textbooks, uniforms,				0	19.00
	Revenue from gifts, flowers, coffee shops,				59, 779	
	Rental of vending machines	and carreer			13, 012	
	Rental of hospital space				42, 183	
23. 00	Governmental appropriations				42, 103	23. 00
	OTHER OPERATING REVENUE				1, 747, 086	
	PREMIUM REVENUE				1, 747, 066	
	TOTAL NON OPERATING REVENUE				1, 561, 351	
	COVID-19 PHE Funding				17, 390, 381	
	Total other income (sum of lines 6-24)				24, 098, 200	
	Total (line 5 plus line 25)				79, 359, 413	
	OTHER EXPENSES (SPECIFY)				79, 339, 413	27.00
28.00	Total other expenses (sum of line 27 and sul	haari nta)			0	28.00

0 28.00 79, 359, 413 29.00

28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

8, 114, 054

-3, 856

8, 110, 198

24.00

24.00 Total (sum of lines 1-23)

COST ALLOCATION - HHA GENERAL SERVICE COST    Provider CCN: 15-0004   Period: From 01/01/2020   To 12/31/2020     HHA CCN: 15-7145   To 12/31/2020     Home Health Agency I	D Date/Time Pre 7/29/2021 12: PPS	pared:
Net Expenses for Cost Allocation (from Wkst. H, col. 10)  GENERAL SERVICE COST CENTERS  1.00  Capital Related Costs  Bldgs & Movable Equipment Operation & Maintenance  Plant Operation & Maintenance  Novable Equipment Operation & Maintenance  Plant Operation & Maintenance  Operation & Maintenance	7/29/2021 12: PPS Subtotal (col s. 0-4)	
Net Expenses for Cost Allocation (from Wkst. H, col. 10)  GENERAL SERVICE COST CENTERS  1.00  Capital Related Costs  Bldgs & Movable Equipment Operation & Maintenance  Plant Transportation  Operation & Maintenance  Operation & Maintenance  1.00  GENERAL SERVICE COST CENTERS  1.00  Capital Related - Bldg. & OFixtures  Capital Related - Movable  Operation & Maintenance	Subtotal (cols. 0-4)	
Net Expenses for Cost Allocation (from Wkst. H, col. 10)  GENERAL SERVICE COST CENTERS  1.00  Capital Related Costs  Bldgs & Movable Equipment Operation & Maintenance  Plant Operation & Maintenance  Plant Operation & Maintenance  1.00  GENERAL SERVICE COST CENTERS  1.00  Capital Related - Bldg. & OFixtures  Capital Related - Movable  O O O O O O O O O O O O O O O O O O O	(cols. 0-4)	
Fixtures   Equipment   Operation & Maintenance	(cols. 0-4)	_
Allocation (from Wkst. H, col. 10)		
(from Wkst. H, col. 10)	4A. 00	
O   1.00   2.00   3.00   4.00	4A. 00	
GENERAL SERVICE COST CENTERS		
Fixtures 2.00 Capital Related - Movable 0 0	_	Ī
	0	1.00
11	0	2. 00
Equipment 3.00 Plant Operation & Maintenance 0 0 0 0	0	3.00
	2 540 430	4.00
5.00 Administrative and General 2,540,439 0 0 0 0 HHA REIMBURSABLE SERVICES	2, 540, 439	5.00
	2, 684, 311 2, 531, 541	1
	2, 531, 541 85, 227	
7. 66   66   66   67   67   68   68   68	2, 284 3, 490	1
	3, 490 117, 993	
12. co   supplies (see Thisti de Constitution)	144, 913	1
HHA NONREI MBURSABLE SERVI CES  15. 00 Home Dialysis Aide Services 0 0 0 0 0	ol o	15. 00
17.00 Private Duty Nursing 0 0 0 0 0 18.00 Clinic 0 0 0 0		
19.00 Health Promotion Activities 0 0 0 0		
20.00 Day Care Program 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0		
22.00 Homemaker Service 0 0 0 0		1
23.00 All Others (specify) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	8, 110, 198	1
Administrative Total (cols. & General 4A + 5)		
5.00 6.00		
GENERAL SERVI CE COST CENTERS  1. 00 Capi tal Related - Bldg. &		1.00
Fi xtures		
2.00 Capital Related - Movable Equipment		2. 00
3.00 Plant Operation & Maintenance		3.00
4.00 Transportation 5.00 Administrative and General 2,540,439		4. 00 5. 00
HHA REIMBURSABLE SERVICES  6.00 Skilled Nursing Care 1,224,348 3,908,659		6. 00
7. 00   Physical Therapy   1, 154, 669   3, 686, 210		7. 00
8.00   Occupational Therapy   38,873   124,100   9.00   Speech Pathology   1,042   3,326		8. 00 9. 00
10. 00   Medical Social Services   1,592   5,082		10.00
11.00   Home Heal th Aide   53,818   171,811   12.00   Supplies (see instructions)   66,097   211,010		11. 00 12. 00
13. 00 Drugs 0 0		13. 00
14. 00 DME 0 0 HHA NONREI MBURSABLE SERVI CES		14. 00
15.00 Home Dialysis Aide Services 0 0		15. 00
16.00 Respiratory Therapy 0 0 17.00 Private Duty Nursing 0 0		16. 00 17. 00
18. 00 Cl i ni c 0 0		18. 00
19.00   Health Promotion Activities   0   0   0   0   0   0   0   0   0		19. 00 20. 00
21.00 Home Delivered Meals Program 0 0		21. 00
22. 00   Homemaker Service		22. 00 23. 00
23. 50   Tel emedi ci ne		23. 50
24.00   Total (sum of lines 1-23)   8,110,198		24. 00

HHA CCN: 15-7145   From 01/01/202C   To 12/31/202C	Date/Time Prepared:
Capital Related Costs   Bl dgs & Movable   Equipment   Operation & Maintenance   SQUARE FEET)   DQLLAR VALUE   Maintenance   SQUARE FEET   Capital Related - Bl dg. & OF ixtures   Equipment   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Maintenance   Operation & Operation & Maintenance   Operation & Operation & Maintenance   Operation & O	7/29/2021 12:48 pm
Capital Related Costs   Bldgs & Movable   Equipment   Operation & (MILEAGE)   Maintenance   (SQUARE FEET)   1.00   2.00   3.00   4.00   5A.00	PPS
Bldgs &   Movable   Equipment   Operation &   Maintenance   (SOUARE FEET)     1.00   2.00   3.00   4.00   5A.00	
Fixtures (SQUARE FEET)   Equipment (DQLLAR VALUE)   Maintenance (SQUARE FEET)	
COUARE FEET   COULTAR VALUE   Maintenance (SQUARE FEET)	
COUARE FEET	& General
1.00   2.00   3.00   4.00   5A.00	(ACCUM. COST)
GENERAL SERVICE COST CENTERS   1.00   Capital Related - Bldg. &   0	5. 00
Fixtures 2.00 Capital Related - Movable Equipment 3.00 Plant Operation & Maintenance 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. 88
2.00   Capital Related - Movable	1.00
Equipment	
3.00 Plant Operation & Maintenance 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00
4.00 Transportation (see   0   0   0   0   0   0   0   0   0	3.00
instructions	3.00
5.00     Administrative and General     0     0     0     0     -2,540,439       HHA REIMBURSABLE SERVICES       6.00     Skilled Nursing Care     0     0     0     0     0       7.00     Physical Therapy     0     0     0     0     0	4.00
6.00 Skilled Nursing Care 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5, 569, 759 5. 00
7.00   Physical Therapy 0 0 0 0	
	2, 684, 311 6. 00
8.00   Occupational Therapy   Ol Ol Ol Ol Ol Ol	2, 531, 541 7. 00
	85, 227 8. 00
9.00   Speech Pathology   0   0   0   0   0   0   0   0   0	2, 284 9. 00 3, 490 10. 00
11. 00   Home Heal th Ai de	117, 993 11. 00
12.00   Supplies (see instructions)   0   0   0	144, 913 12. 00
13. 00   Drugs   0   0   0	0 13.00
14. 00 DME 0 0 0	0 14.00
HHA NONREIMBURSABLE SERVICES	
15. 00 Home Dialysis Aide Services 0 0 0 0	7 0 10.00
16. 00   Respiratory Therapy   0   0   0   0	7 0 10.00
17. 00     Private Duty Nursing     0     0     0     0       18. 00     Clinic     0     0     0     0	0 17.00 0 18.00
19.00   Health Promotion Activities 0 0 0 0	0 19.00
20. 00   Day Care Program	0 20.00
21.00 Home Delivered Meals Program 0 0 0	0 21.00
22. 00   Homemaker Service 0 0 0 0	0 22.00
23.00 All Others (specify) 0 0 0 0	0 23.00
23. 50   Tel emedi ci ne   0   0   0   0	0 23.50
24. 00 Total (sum of lines 1-23) 0 0 -2, 540, 439	
25.00   Cost To Be Allocated (per 0 0 0	2, 540, 439 25. 00
Worksheet H-1, Part I)   26.00   Unit Cost Multiplier   0.000000   0.000000   0.000000   0.000000	0. 456113 26. 00
20. 00   Unit 1   Uni	0. 4301131 20.00

Worksheet H-2 Part I Date/Time Prepared: 7/29/2021 12:48 pm Provider CCN: 15-0004 Peri od: From 01/01/2020 To 12/31/2020 HHA CCN: 15-7145 Home Health PPS

						Agency I	PPS	
			CAPITAL REI	ATED COSTS		rigerioy :		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	
		0	1.00	2. 00	4. 00	4A	5. 05	
1.00	Administrative and General	0	174, 281	37, 292	351, 258	562, 831		1. 00
2.00	Skilled Nursing Care	3, 908, 659	0	0	0	3, 908, 659	804, 183	2.00
3.00	Physical Therapy	3, 686, 210	0	0	0	3, 686, 210	758, 416	3.00
4.00	Occupational Therapy	124, 100	0	0	0	124, 100	25, 533	4.00
5.00	Speech Pathology	3, 326	0	0	0	3, 326	684	5.00
6.00	Medical Social Services	5, 082	0	0	0	5, 082	1, 046	6.00
7.00	Home Health Aide	171, 811	0	0	0	171, 811	35, 349	7. 00
8.00	Supplies (see instructions)	211, 010	0	0	0	211, 010	43, 414	8. 00
9.00	Drugs	0	0	0	0	0	0	9. 00
10. 00	DME	0	0	0	0	0	0	10. 00
11. 00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13. 00 14. 00	Private Duty Nursing	0	0	0	0	0	0	13. 00 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	o	0	o o	17. 00
18. 00	Homemaker Servi ce	0	0	O	Ö	0	o	18. 00
19. 00	All Others (specify)	0	0	0	0	0	o	19.00
19. 50	Tel emedi ci ne	0	0	0	0	0	o	19. 50
20.00	Total (sum of lines 1-19) (2)	8, 110, 198	174, 281	37, 292	351, 258	8, 673, 029		20.00
21. 00	Unit Cost Multiplier: column					0. 000000	)	21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	o acciliai praces.							
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	Cost Center Description	REPAI RS	PLANT	LINEN SERVICE				
1 00		REPAIRS 6.00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	10.00	11.00	1 00
1.00	Administrative and General	REPAI RS	PLANT 7. 00 272, 400	LINEN SERVICE			11. 00 183, 332	1.00
2.00	Administrative and General Skilled Nursing Care	REPAIRS 6.00	PLANT 7. 00	LINEN SERVICE 8.00	9. 00 102, 521	10.00	11. 00 183, 332	2. 00
	Administrative and General	REPAIRS 6.00	PLANT 7. 00 272, 400 0	LINEN SERVICE 8.00	9. 00 102, 521	10.00	11. 00 183, 332 0	
2. 00 3. 00	Administrative and General Skilled Nursing Care Physical Therapy	REPAIRS 6.00	PLANT 7. 00 272, 400 0	LINEN SERVICE 8.00	9. 00 102, 521	10.00	11. 00 183, 332 0 0	2. 00 3. 00
2. 00 3. 00 4. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy	REPAIRS 6.00	PLANT 7. 00 272, 400 0	LINEN SERVICE 8.00	9. 00 102, 521	10.00	11. 00 183, 332 0 0 0	2. 00 3. 00 4. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	REPAIRS 6.00	PLANT 7. 00 272, 400 0	LINEN SERVICE 8.00	9. 00 102, 521	10.00	11. 00 183, 332 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	REPAIRS 6.00	PLANT 7.00 272,400 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0	10.00	11.00 183,332 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	REPAIRS 6.00	PLANT 7.00 272,400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0	10.00	11.00 183,332 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	REPAIRS 6.00	PLANT 7.00 272,400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0	10.00	11.00 183,332 0 0 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
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services	REPAIRS 6.00	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0	10.00	11. 00 183, 332 0 0 0 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
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy	REPAIRS 6.00	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 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
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	REPAIRS 6.00	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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
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	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	REPAIRS 6.00	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0	10.00	11.00 183,332 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 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	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	REPAIRS 6.00	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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
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	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7.00 272,400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11.00 183,332 0 0 0 0 0 0 0 0 0 0 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
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	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7.00 272,400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 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 17. 00 18. 00 19. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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)	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9.00 102,521 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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. 50
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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)	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9. 00 102, 521 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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 17. 00 18. 00 19. 00 19. 50 20. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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) Unit Cost Multiplier: column	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9.00 102,521 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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. 50
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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) Unit Cost Multiplier: column 26, line 1 divided by the sum	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9.00 102,521 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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 17. 00 18. 00 19. 00 19. 50 20. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 17.00 18.00 19.50 20.00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9.00 102,521 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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 17. 00 18. 00 19. 00 19. 50 20. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 50 20. 00	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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) Unit Cost Multiplier: column 26, line 1 divided by the sum	REPAIRS 6.00 106,841 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PLANT 7. 00 272, 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LINEN SERVICE 8.00	9.00 102,521 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10.00	11. 00 183, 332 0 0 0 0 0 0 0 0 0 0 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 17. 00 18. 00 19. 00 19. 50 20. 00

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

						Home Health Agency I	PPS	
						Agency 1	INTERNS &	
	Cost Center Description	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCIAL SERVICE	RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV	
		13. 00	14. 00	15. 00	16. 00	17. 00	22. 00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 20. 00 21. 00	Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus	1, 177, 060 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 0 0 0 0 0 0 0 0 0 0	80, 80	1, 971 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 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
	column 26, line 1, rounded to 6 decimal places.  Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	PARAMED ED PRGM -	PARAMED ED PRGM - RESP	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	
		23. 00	23. 01	RADI OLOGY 23. 02	THER 23. 03	23. 04	23. 05	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50 20. 00 21. 00	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 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 0 0 0 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

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

HHA CCN:

							7/29/2021 12:	48 pm
						Home Health	PPS	
						Agency I		
	Cost Center Description	PARAMED ED	Subtotal	Intern &	Subtotal	Allocated HHA	Total HHA	
		PRGM - LAB 3+1		Residents Cost		A&G (see Part	Costs	
				& Post		11)		
				Stepdown				
				Adjustments				
		23. 06	24.00	25. 00	26. 00	27. 00	28.00	
1.00	Administrative and General	0	2, 603, 559	0	2, 603, 559			1. 00
2.00	Skilled Nursing Care	0	4, 712, 842	0	4, 712, 842	1, 254, 767	5, 967, 609	2.00
3.00	Physical Therapy	0	4, 444, 626	0	4, 444, 626	1, 183, 359	5, 627, 985	3.00
4.00	Occupational Therapy	0	149, 633	0	149, 633	39, 839	189, 472	4.00
5.00	Speech Pathology	0	4, 010	0	4, 010	1, 068	5, 078	5. 00
6.00	Medical Social Services	0	6, 128	0	6, 128	1, 632	7, 760	6. 00
7.00	Home Heal th Aide	O	207, 160	0	207, 160	55, 155	262, 315	7. 00
8.00	Supplies (see instructions)	o	254, 424	0	254, 424	67, 739	322, 163	8. 00
9.00	Drugs	o	0	0	C	o	0	9. 00
10.00	DME	o	0	0	l c	ol	0	10.00
11. 00	Home Dialysis Aide Services	o	0	0	l c	ol	0	11. 00
12.00	Respiratory Therapy	o	0	0	l c	ol	0	12.00
13.00	Private Duty Nursing	o	0	0		ol	0	13.00
14.00	Clinic	o	0	0		ol	0	14.00
15.00	Health Promotion Activities	o	0	0		ol	0	15. 00
16.00	Day Care Program	o	0	0	l c	ol ol	0	16. 00
17. 00	Home Delivered Meals Program	o	0	0	l c	ol ol	0	17. 00
18. 00	Homemaker Service	o	0	0	l c	ol ol	0	18. 00
19.00	All Others (specify)	o	0	0		ol ol	0	19. 00
19. 50	Tel emedi ci ne	o	0	0		ol	0	19. 50
20.00	Total (sum of lines 1-19) (2)	o	12, 382, 382	0	12, 382, 382	2, 603, 559	12, 382, 382	20. 00
21. 00	Unit Cost Multiplier: column		, ,			0. 266245	,	21. 00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							

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

						7/29/2021 12: 4	48 pm_
					Home Health Agency I	PPS	
	CAPITAL REI	LATED COSTS	1		, igono y		
Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	1.00	2.00	4.00	5A. 05	5. 05	6. 00	
1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service	11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23, 717 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5, 510, 443 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		562, 831 3, 908, 659 3, 686, 210 124, 100 3, 326 5, 082 171, 811 211, 010 0 0 0 0 0 0 0 0	11, 759 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 11. 00 12. 00 13. 00 14. 00 15. 00 17. 00 18. 00
19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated 22.00 Unit cost multiplier	0 0 11, 759 174, 281 14. 821073	0 0 23, 717 37, 292 1. 572374	0 0 5, 510, 443 351, 258 0. 063744		8, 673, 029 1, 784, 424 0. 205744	106, 841 9. 085892	19. 00 19. 50 20. 00 21. 00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERI A (PROD HOURS)	NURSI NG ADMI NI STRATI ON (DI RECT NRS I NG)	
	7. 00	8. 00	9. 00	10.00	11.00	13.00	
1.00 Administrative and General 2.00 Skilled Nursing Care 3.00 Physical Therapy 4.00 Occupational Therapy 5.00 Speech Pathology 6.00 Medical Social Services 7.00 Home Health Aide 8.00 Supplies (see instructions) 9.00 Drugs 10.00 DME 11.00 Home Dialysis Aide Services 12.00 Respiratory Therapy 13.00 Private Duty Nursing 14.00 Clinic 15.00 Health Promotion Activities 16.00 Day Care Program 17.00 Home Delivered Meals Program 18.00 Homemaker Service 19.00 All Others (specify) 19.50 Telemedicine 20.00 Total (sum of lines 1-19) 21.00 Total cost to be allocated 22.00 Unit cost multiplier	11, 759 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	11, 759 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11, 759 102, 521		144, 068 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	67, 642 0 0 0 0 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 19. 00 19. 50 20. 00 21. 00

| In Lieu of Form CMS-2552-10 | Worksheet H-2 | Part II | B1/2020 | Date/Time Prepared: | 7/29/2021 12:48 pm Peri od: From 01/01/2020 To 12/31/2020 BASIS HHA CCN: 15-7145

						Home Health	PPS	то ріп
						Agency I INTERNS &		
						RESI DENTS		
	Cost Center Description	CENTRAL SERVICES &	PHARMACY (COSTED REQ	MEDICAL RECORDS &	SOCIAL SERVICE	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		SUPPLY	UIS)	LI BRARY	(GROSS CHAR	APPRV	(ASSI GNED	
		(COSTED	5.57	(GROSS CHAR	GES)	(ASSI GNED	TIME)	
		REQUIS.)		GES)		TIME)		
1.00	Administrative and General	14. 00	15. 00 0	16. 00 21, 657, 520	17. 00 21, 657, 520	22.00	23. 00	1. 00
2.00	Skilled Nursing Care	Ö	0	21,037,320	0	Ö	Ö	2. 00
3.00	Physi cal Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4. 00
5.00	Speech Pathology	0	0	0	0	0	0	5. 00
6. 00 7. 00	Medical Social Services Home Health Aide		0	0	0	0	0	6. 00 7. 00
8. 00	Supplies (see instructions)	Ö	0	0	0	o	ő	8. 00
9.00	Drugs	0	0	0	0	0	0	9. 00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12. 00 13. 00	Respiratory Therapy Private Duty Nursing		0	0	0	0	0	12. 00 13. 00
14. 00	Clinic	l ő	0	0	0	o	ő	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 18. 00	Home Delivered Meals Program Homemaker Service	0	0	0	0	0	0	17. 00 18. 00
19. 00	All Others (specify)		0	0	0	0	0	19. 00
19. 50	Tel emedi ci ne	o	0	0	Ö	Ö	Ö	19. 50
20. 00	Total (sum of lines 1-19)	O	0	21, 657, 520		0	0	20.00
21. 00	Total cost to be allocated	0	0	80, 804	1, 971	0	0	21. 00
22. 00	Unit cost multiplier Cost Center Description	0. 000000 PARAMED ED	O. 000000 PARAMED ED	0. 003731 PARAMED ED	0. 000091 PARAMED ED	O. 000000 PARAMED ED		22. 00
	0001 0011101 200011 pt. 011						I PARAMED ED I	
		PRGM - LAB 4+1	PRGM -	PRGM - RESP	PRGM-PHARMACY	PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
			PRGM - RADI OLOGY	PRGM - RESP THER	PRGM-PHARMACY (ASSI GNED	PRGM-EMT (ASSI GNED	PRGM - LAB 3+1	
		(ASSI GNED	PRGM - RADI OLOGY (ASSI GNED	PRGM - RESP THER (ASSI GNED	PRGM-PHARMACY	PRGM-EMT	PRGM - LAB 3+1 (ASSIGNED	
			PRGM - RADI OLOGY	PRGM - RESP THER	PRGM-PHARMACY (ASSI GNED	PRGM-EMT (ASSI GNED	PRGM - LAB 3+1	
1.00	Administrative and General	(ASSI GNED TIME)	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PRGM - RESP THER (ASSIGNED TIME)	PRGM-PHARMACY (ASSI GNED TI ME)	PRGM-EMT (ASSI GNED TI ME)	PRGM - LAB 3+1  (ASSIGNED TIME) 23.06	1.00
2.00	Skilled Nursing Care	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)	PRGM-EMT (ASSI GNED TI ME) 23. 05	PRGM - LAB 3+1  (ASSI GNED TI ME)  23.06  0	2. 00
2. 00 3. 00	Skilled Nursing Care Physical Therapy	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME) 23. 04	PRGM-EMT (ASSI GNED TI ME) 23. 05	PRGM - LAB 3+1  (ASSI GNED  TI ME)  23. 06  0  0	2. 00 3. 00
2. 00 3. 00 4. 00	Skilled Nursing Care Physical Therapy Occupational Therapy	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME) 23. 04	PRGM-EMT (ASSI GNED TI ME) 23. 05	PRGM - LAB 3+1  (ASSI GNED TI ME)  23.06  0	2. 00 3. 00 4. 00
2. 00 3. 00	Skilled Nursing Care Physical Therapy	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME) 23. 04	PRGM-EMT (ASSI GNED TI ME) 23. 05	PRGM - LAB 3+1  (ASSI GNED TI ME) 23.06  0 0 0	2. 00 3. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME) 23. 04	PRGM-EMT (ASSI GNED TI ME) 23. 05	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions)	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME)  23. 06  0  0  0  0  0  0  0  0  0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME) 23. 04	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME)  23. 06  0  0  0  0  0  0  0  0  0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME)  23. 06  0  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
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME)  23. 06  0  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
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	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 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
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	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME)  23. 06  0  0  0  0  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
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	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 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
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 17. 00 18. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 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
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 17. 00 18. 00 19. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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)	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 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 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 50
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 17. 00 18. 00 19. 00	Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME 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)	(ASSI GNED TI ME) 23. 01	PRGM - RADI OLOGY (ASSI GNED TI ME) 23. 02  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - RESP THER (ASSI GNED TI ME) 23. 03	PRGM-PHARMACY (ASSI GNED TI ME)  23. 04  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM-EMT (ASSI GNED TI ME)  23. 05  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRGM - LAB 3+1  (ASSI GNED TI ME) 23. 06  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

	Financial Systems		FRANCISCAN HEA				u of Form CMS-2	2552-10
APPORT	TONMENT OF PATIENT SERVICE COST	S		Provi der C	CN: 15-0004	Peri od:	Worksheet H-3	
				HHA CCN:	15-7145	From 01/01/2020 To 12/31/2020	Part I Date/Time Prep 7/29/2021 12:4	
				Titl∈	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 Part II)	+ 2)		(col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4. 00	5. 00	
	PART I - COMPUTATION OF LESSER					ILTATION COST. OF	2.00	
	BENEFICIARY COST LIMITATION		,					
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2. 00			5, 967, 60		239. 24	1. 00
2.00	Physical Therapy	3. 00		C			252. 35	
3.00	Occupational Therapy	4. 00		C			61. 58	
4. 00 5. 00	Speech Pathology Medical Social Services	5. 00 6. 00	· · · · · · · · · · · · · · · · · · ·	C	1 -,		5. 96 235. 15	4. 00 5. 00
6.00	Home Health Aide	7. 00	· · · · · · · · · · · · · · · · · · ·		7, 76		60. 47	
7. 00	Total (sum of lines 1-6)	7.00	12, 060, 219	C			00.47	7. 00
7.00	Total (sum of filles 1 o)		12,000,217		Program Visit			7.00
						art B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t			
	·		, ,		Deducti bl es	& Deductibles		
					Coi nsurance			
	h	0	1.00	2. 00	3. 00	4. 00	5. 00	
0.00	Limitation Cost Computation Skilled Nursing Care	I	16974	C	\	23		8. 00
8. 00 8. 01	Skilled Nursing Care		23844	C	•			8. 00
8. 02	Skilled Nursing Care		33140	C	•			8. 02
8. 03	Skilled Nursing Care		99915	C		7		8. 03
9. 00	Physical Therapy		16974	C		7		9. 00
9. 01	Physical Therapy		23844	C	7, 50	)3		9. 01
9.02	Physi cal Therapy		33140	C	4, 81	8		9. 02
9.03	Physi cal Therapy		99915	C		2		9. 03
10. 00	Occupational Therapy		16974	C	1	2		10. 00
10. 01	Occupational Therapy		23844	C	1			10. 01
10.02	Occupational Therapy		33140	C	1			10. 02
10. 03	Occupational Therapy		99915	C		0		10. 03
11. 00 11. 01	Speech Pathology Speech Pathology		16974 23844	C	l	0		11. 00 11. 01
11. 01	. 03		33140	C				11. 01
11. 02	Speech Pathology		99915	C	•	0		11. 02
12. 00	Medical Social Services		16974	C		2		12. 00
12. 01	Medical Social Services		23844	C		8		12. 01
12. 02	Medical Social Services		33140	C		0		12. 02
12.03	Medical Social Services		99915	C		0		12. 03
13.00	Home Health Aide		16974	C	)	6		13.00
13. 01	Home Health Aide		23844	C	2, 55	52		13. 01
	Home Health Aide		33140	C	1			13. 02
	Home Heal th Aide		99915	C		0		13. 03
14. 00	Total (sum of lines 8-13)	From Wks+ II 3	Facility Costs	Charad	32, 24	Total Charges	Datio (asl 2	14. 00
	Cost Center Description	Part I, col.	(from Wkst.	Shared Ancillary	Total HHA Costs (cols.		÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Records)	+ (01. 4)	
		20, 11110	2, rait i)	Part II)	2)	110001 43)		
		0	1.00	2.00	3.00	4. 00	5. 00	
	Supplies and Drugs Cost Computa							
			1 222 4/2	_	1 222 1/	1/0 200	4 00 4007	15 00
	Cost of Medical Supplies Cost of Drugs	8. 00 9. 00		C		169, 200 0 0	1. 904037 0. 000000	

Heal th	Financial Systems		FRANCI SCAN HEAL	TH HAMMOND			In Lie	u of Form CMS-2	2552-10
<b>APPORT</b>	TIONMENT OF PATIENT SERVICE COSTS	S		Provi der CO	CN: 15-0004		ri od:	Worksheet H-3	
				HHA CCN:	15-7145	To	om 01/01/2020 12/31/2020	Part I Date/Time Pre 7/29/2021 12:	
				Title	XVIII	ŀ	Home Health Agency I	PPS	
			Program Visits		Cost of				
			Part	В	Servi ces		Part B		
	Cost Center Description	Part A	Not Subject to Deductibles & D	Subject to	Part A		ot Subject to Deductibles &	Subject to Deductibles &	
		4 00		Coi nsurance	0.00		Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF LESSER	6.00	7.00 PROGRAM COST AGO	8.00 GREGATE OF TH	9.00 F PROGRAM LL	MI TA	10.00	11. 00	
	BENEFICIARY COST LIMITATION	OI AGGREGATE	ROOKAW COST, ACC	SKEGATE OF TH	L I ROOM LI	IVII I 7	(11011 0051, 01	•	
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	C	1			0	3, 463, 956		1. 00
2.00	Physical Therapy	(	12, 340			0	3, 113, 999		2.00
3. 00 4. 00	Occupational Therapy Speech Pathology	(	1, 717 496			0	105, 733 2, 956		3. 00 4. 00
5.00	Medical Social Services	(	20			0	4, 703		5. 00
6.00	Home Health Aide	C	3, 197			O	193, 323		6. 00
7. 00	Total (sum of lines 1-6)	C	32, 249			0	6, 884, 670		7. 00
	Cost Center Description								
	limitatian Cast Camputatian	6. 00	7. 00	8. 00	9. 00		10.00	11. 00	
8. 00	Limitation Cost Computation Skilled Nursing Care								8.00
8. 01	Skilled Nursing Care								8. 01
8. 02	Skilled Nursing Care								8. 02
8.03	Skilled Nursing Care								8. 03
9.00	Physi cal Therapy								9. 00
9. 01	Physi cal Therapy								9. 01
9. 02	Physical Therapy								9. 02
9. 03	Physical Therapy								9. 03
10. 00 10. 01	Occupational Therapy								10.00
10. 01	Occupational Therapy Occupational Therapy								10.01
10. 02	Occupational Therapy								10. 02
11. 00	Speech Pathology								11. 00
11. 01	Speech Pathology								11. 01
11. 02									11. 02
11. 03	Speech Pathology								11. 03
12. 00	Medical Social Services								12. 00
12. 01	Medical Social Services								12. 01
12. 02	Medical Social Services Medical Social Services								12. 02 12. 03
12. 03 13. 00	Home Health Aide								12. 03
13. 00	Home Health Aide								13. 00
13. 02	Home Health Aide								13. 02
13. 03									13. 03
14. 00	Total (sum of lines 8-13)								14. 00
		Prog	ram Covered Char	ges	Cost of				
					Servi ces				
			Part	R			Part B		
	Cost Center Description	Part A		Subject to	Part A	No	ot Subject to	Subject to	
	cost center bescription	rart A	Deductibles & D		Tar C A		eductibles &	Deductibles &	
				Coi nsurance			Coi nsurance	Coi nsurance	
		6. 00	7. 00	8. 00	9. 00		10. 00	11. 00	
4	Supplies and Drugs Cost Computa								
15.00	Cost of Medical Supplies Cost of Drugs	C		0		0	387, 454	0	15. 00 16. 00
10.00	OOST OF DEADS		0	U		ı	이	U	1 10.00

PORT	TIONMENT OF PATIENT SERVICE COST	S		Provi der	CCN: 15-0004	Peri od: From 01/01/2020	Worksheet H- Part I	3
				HHA CCN:	15-7145	To 12/31/2020	Date/Time Pr 7/29/2021 12	epare
				Ti t	le XVIII	Home Health Agency I	PPS	
	Cost Center Description	Total Program						
		Cost (sum of						
		col s. 9-10) 12.00				-		+
	PART I - COMPUTATION OF LESSER		CDAM COST AG	CDECATE OF	THE DDUCDAM II	MITATION COST OF		
	BENEFICIARY COST LIMITATION	OI AUGINEUATE TING	OKAW COST, AU	OKLOATE OF	THE TROOKAW EI	WITATION COST, OR		
	Cost Per Visit Computation							
00	Skilled Nursing Care	3, 463, 956						1
00	Physical Therapy	3, 113, 999						2
00	Occupational Therapy	105, 733						3
00	Speech Pathology	2, 956						4
00	Medical Social Services	4, 703						5
00	Home Health Aide	193, 323						6
00	Total (sum of lines 1-6)	6, 884, 670						7
	Cost Center Description							
		12. 00						
	Limitation Cost Computation							
00	Skilled Nursing Care							8
01	Skilled Nursing Care							8
02	Skilled Nursing Care							8
03	Skilled Nursing Care							8
00	Physi cal Therapy							9
01	Physical Therapy							9
02 03	Physical Therapy							9
	Physical Therapy							9
. 00	Occupational Therapy Occupational Therapy							10
. 01	Occupational Therapy							10
. 02	Occupational Therapy							10
. 00	Speech Pathology							11
. 01	Speech Pathology							11
. 02	Speech Pathology							11
. 03	Speech Pathology							111
. 00	Medical Social Services							12
. 01	Medical Social Services							12
. 02	Medical Social Services							12
2. 03	Medical Social Services							12
8. 00	Home Health Aide							13
. 01	Home Health Aide							13
3. 02	Home Health Aide							13
3. 03	Home Health Aide							13
4 00	Total (sum of lines 8-13)	1						14

Health Financial Systems FRANCISCAN HEA				ALTH HAMMOND		In Lie	u of Form CMS-2	2552-10
APPORTI ONMENT O	F PATIENT SERVICE COS	TS		Provider C	CN: 15-0004	Peri od:	Worksheet H-3	
				HHA CCN:	15-7145	From 01/01/2020 To 12/31/2020		
				Title	e XVIII	Home Health	PPS	
						Agency I		
Cos	t 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 SERVI	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	NTS		
1.00 Physi cal	Therapy	66. 00	0. 758767	(	D	0 col. 2, line 2	. 00	1.00
2.00 Occupati	onal Therapy	67. 00	0. 259892	(	D	Ocol. 2, line 3	. 00	2. 00
3.00 Speech P	athol ogy	68. 00	0. 304229	(	D	Ocol. 2, line 4	. 00	3. 00
4.00 Cost of	Medical Supplies	71. 00	0. 411221	(	D	0 col. 2, line 1	5. 00	4. 00
5.00 Cost of	Drugs	73. 00	0. 141516	(		0 col. 2, line 1	6. 00	5. 00

	Financial Systems FRANCISCAN HEALT ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CO	N: 15_0004	Peri od:	u of Form CMS-2 Worksheet H-4	
ILCUL	ATTOM OF THA RETWINDURSEMENT SETTLEMENT	HHA CCN:	15-7145	From 01/01/2020 To 12/31/2020	Part I-II Date/Time Pre	pare
		Title	XVIII	Home Health Agency I	7/29/2021 12: PPS	48 p
					t B	
			Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			1.00	2. 00	3. 00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUST	OMARY CHARGE	S	1		
	Reasonable Cost of Part A & Part B Services				0	1
00	Reasonable cost of services (see instructions) Total charges			0 0		1
	Customary Charges			<u> </u>	<u> </u>	1 ~
00	Amount actually collected from patients liable for payment for	or services		0 0	0	3
00	on a charge basis (from your records)					١.
00	Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in			0 0	0	4
00	with 42 CFR §413.13(b) Ratio of line 3 to line 4 (not to exceed 1.000000)		0. 0000	0. 00000	0. 000000	5
00	Total customary charges (see instructions)		0.0000	0.00000	0.000000	
00	Excess of total customary charges over total reasonable cost	(complete		0 0	0	
	only if line 6 exceeds line 1)				_	
00	Excess of reasonable cost over customary charges (complete on 1 exceeds line 6)	ly if line		0 0	0	8
00	Primary payer amounts			0 2, 858	0	9
				Part A	Part B	
				Servi ces	Servi ces	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			1. 00	2. 00	
. 00	Total reasonable cost (see instructions)			0	-2, 858	10
. 00	Total PPS Reimbursement - Full Episodes without Outliers			0	4, 584, 638	
. 00	Total PPS Reimbursement - Full Episodes with Outliers			0	980, 833	
. 00	Total PPS Reimbursement - LUPA Episodes Total PPS Reimbursement - PEP Episodes			0	97, 892 18, 606	
. 00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	;		0	304, 170	
. 00	Total PPS Outlier Reimbursement - PEP Episodes			0	561	
. 00	Total Other Payments			0	0	
. 00	DME Payments Oxygen Payments			0	0	1
00	Prosthetic and Orthotic Payments			0	0	
00	Part B deductibles billed to Medicare patients (exclude coins	surance)			0	21
. 00	Subtotal (sum of lines 10 thru 20 minus line 21)			0	5, 983, 842	
00	Excess reasonable cost (from line 8) Subtotal (line 22 minus line 23)			0	0 5, 983, 842	
. 00	Coinsurance billed to program patients (from your records)			0	0, 703, 042	25
. 00	Net cost (line 24 minus line 25)			0	5, 983, 842	
	Reimbursable bad debts (from your records)					27
. 00	Reimbursable bad debts for dual eligible beneficiaries (see i Total costs - current cost reporting period (line 26 plus lin			0	5, 983, 842	28
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	ie 27)		0	0, 703, 042	1
. 50	Pioneer ACO demonstration payment adjustment (see instruction	ıs)		0	0	
. 99	Demonstration payment adjustment amount before sequestration			0	0	
. 00	Subtotal (see instructions) Sequestration adjustment (see instructions)			0	5, 983, 842	
. 01 . 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	40, 387 0	
	Interim payments (see instructions)			0	5, 943, 455	
2. 00	Tentative settlement (for contractor use only)			0	0	
3. 00						
	Balance due provider/program (line 31 minus lines 31.01, 32, Protested amounts (nonallowable cost report items) in accorda		B	0	0	

In Lieu of Form CMS-2552-10

Heal th Financial Systems FRANCISCAN HEALTH HAMMOND
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED Provider
TO PROGRAM BENEFICIARIES Provider CCN: 15-0004 Peri od: From 01/01/2020 To 12/31/2020 Worksheet H-5 Date/Time Prepared: 7/29/2021 12:48 pm HHA CCN: 15-7145

				Home Health Agency I	PPS	
		Inpatient Part A			t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2.00	3. 00	4. 00	
1. 00 2. 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	5, 943, 455 0	1. 00 2. 00
3. 00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)  Program to Provider					3. 00
3. 01				0	0	3. 01
3. 02				0	0	3. 02
3. 03 3. 04				0	0	3. 03 3. 04
3. 05				0	0	3. 05
0.00	Provider to Program			<u> </u>	Ŭ.	0.00
3.50				0	0	3. 50
3. 51				0	0	3. 51
3. 52				0	0	3. 52
3.53				0	0	3. 53
3. 54 3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3. 54 3. 99
3. 77	3. 50-3. 98)		'	9		3. 77
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0	5, 943, 455	4. 00
	TO BE COMPLETED BY CONTRACTOR					
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5. 00
	Program to Provider					
5. 01				0	0	5. 01
5. 02 5. 03				0	0	5. 02 5. 03
5.05	Provider to Program			<u> </u>	U	5. 05
5. 50	Trevitati te trogitali			0	0	5. 50
5. 51				0	0	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		1	0	0	5. 99
6. 00	Determined net settlement amount (balance due) based on the cost report. (1)					6. 00
6. 01	SETTLEMENT TO PROVIDER			0	0	6. 01
6. 02	SETTLEMENT TO PROGRAM			0	0	6. 02
7. 00	Total Medicare program liability (see instructions)			O Contractor	5, 943, 455 NPR Date	7. 00
				Number	(Mo/Day/Yr)	
		(	)	1. 00	2. 00	
8.00	Name of Contractor					8. 00

	Financial Systems FRANCISCAN HEA			u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0004	Peri od: From 01/01/2020	Worksheet L Parts I-III	
			To 12/31/2020		pared:
				7/29/2021 12:	48 pm
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1, 182, 931	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	1. 01
2.00	Capital DRG outlier payments			51, 065	2. 00
2.01	Model 4 BPCI Capital DRG outlier payments			0	2. 01
3.00	Total inpatient days divided by number of days in the cost	reporting period (see inst	ructions)	64. 53	3. 00
4.00	Number of interns & residents (see instructions)			7. 42	4. 00
5.00	Indirect medical education percentage (see instructions)			3. 29	5. 00
6.00	Indirect medical education adjustment (multiply line 5 by t	he sum of lines 1 and 1.01	, columns 1 and	38, 918	6. 00
	1.01)(see instructions)				
7. 00	Percentage of SSI recipient patient days to Medicare Part A	patient days (Worksheet E	E, part A line	8. 14	7. 00
0.00	30) (see instructions)	00 54	0.00		
8.00	Percentage of Medicaid patient days to total days (see inst	ructions)		28. 51	
9.00	Sum of lines 7 and 8	na)		36. 65	
10.00	Allowable disproportionate share percentage (see instruction	ns)		7. 70	1
11. 00 12. 00	Disproportionate share adjustment (see instructions) Total prospective capital payments (see instructions)			91, 086 1, 364, 000	
12.00	Total prospective capital payments (see Histructions)			1, 364, 000	12.00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0	1. 00
2.00	Program inpatient ancillary capital cost (see instructions)			0	
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	
4.00	Capital cost payment factor (see instructions)			0	
5. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. 00
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			11.00	
1.00	Program inpatient capital costs (see instructions)			0	1. 00
2.00	Program inpatient capital costs for extraordinary circumsta	nces (see instructions)		0	2. 00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	
4.00	Applicable exception percentage (see instructions)			0.00	
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5. 00
6.00	Percentage adjustment for extraordinary circumstances (see			0. 00	
7. 00	Adjustment to capital minimum payment level for extraordina	ry circumstances (line 2 )	(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 app		1 1: 0)	0	
10.00	Current year comparison of capital minimum payment level to			0	10.00
11. 00	Carryover of accumulated capital minimum payment level over	capital payment (from pri	or year	0	11. 00
12. 00	Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital	navments (line 10 nlue lin	na 11)	0	12.00
13. 00	Current year exception payment (if line 12 is positive, ent			0	
14. 00	Carryover of accumulated capital minimum payment level over			0	

15.00 0 16.00 0 17.00

(if line 12 is negative, enter the amount on this line)

15.00 Current year allowable operating and capital payment (see instructions)
16.00 Current year operating and capital costs (see instructions)
17.00 Current year exception offset amount (see instructions)